The Health of Middlesex

1957

The Annual Report of

the County Medical Officer of Health

ADMINISTRATIVE COUNTY OF MIDDLESEX

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THE BOND OF A COMMON HUMANITY

The Minister of Health (Mr. Dennis Vosper) greeted by a pupil at one of the County Council's special training schools.

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PREFACE

To the Chairman, Aldermen and Members of the County Council of Middlesex

SIR, LADIES AND GENTLEMEN,

It gives me great satisfaction to be able to report that during 1957 the health of Middlesex has, in almost every respect, presented a most encouraging picture.

For the second consecutive year there has been a rise in the birth rate. The crude live birth rate per thousand home population amounted to 14·1 which became 13·8 upon making the necessary adjustment to render it comparable with the corresponding figure for England and Wales as a whole. This was the highest figure recorded since 1949 and its effect is already becoming evident in the repercussions upon the County Council's domiciliary midwifery service. During the years of declining birth rate following the close of the last war, the County Council met the situation by allowing a progressive decrease in its establishment of domiciliary midwives through the unchecked process of natural attrition and by the time the fall in birth rate commenced to slacken an approximate balance between the staff of midwives and the demand for their services had been reached under which the average case load falling upon an individual midwife showed a figure very close to that recommended in the Report of the Working Party on Midwives. Now that a rising birth rate is tending to put an unduly heavy burden upon the existing staff it has become desirable to increase its strength once more but considerable difficulty is being experienced in achieving this object, very largely on account of lack of suitable accommodation without the prospect of which few domiciliary midwives can be induced to accept employment.

The crude death rate remained at 10 per thousand population and this, when adjusted in respect of the age and sex structure of the population, became a rate of 10·9, compared with one for England and Wales as a whole of 11·5. Thus the County has continued to enjoy the relatively favourable death rate in relation to the rest of the country which has been its experience for many years past.

As regards individual causes of death, the trends of the last few years have continued. The largest single cause of death was again coronary disease of the heart and this showed a further increase of 61 to a total of 3,661, as compared with 3,600 in 1956. Altogether, diseases of the heart and circulatory system in all their forms accounted for 37 per cent. of all deaths.

Deaths from cancer also showed an increase in the total as compared with the year previously. The net increase amounted to 146 in a total of 4,733 and about half of this increase was attributable to cancer of the lung. It will be noticed that in this report special emphasis has been placed upon the subject of health education and in no field of preventive medicine has health education a more important part to play than in the war against cancer of the lung. All the evidence continues to pin-point smoking, particularly of cigarettes, as at least the major factor in the causation of lung cancer and the only hope in the present state of our knowledge, of diminishing its incidence lies in bringing home to the people, especially the younger age groups, through the medium of health education the dangers involved in the excessive con-

education, notably with the Central Council for Health Education and the Essex County Council, took up his duties in February, 1957, and his energy and enthusiasm has inspired all with whom he has come into contact. The bulk of the section dealing with the subject of health education in the body of this report is from his pen and gives a clear picture of the careful preparation which has provided a solid foundation for a comprehensive service capable of steady growth and development in the future. It is hoped that full advantage will be taken of the opportunities which this offers.

The year under review has been an encouraging one both in actual achievements and also in new developments which offer bright prospects of even better progress in the future. I am, as ever, indebted to the loyal co-operation of the whole staff of the department both in Westminster and in the Areas, to whose efforts the chief credit is due for the past year's satisfactory record. In this connection, I would like to make special mention of my Deputy, Dr. G. S. Wigley, and the Chief Administrative Assistant of the department, Mr. W. J. Mihill, upon whom has fallen the heaviest burden in the preparation of this report. Finally, I am happy to acknowledge once more the encouragement and support of the members of the Health Committee at all times.

I have the honour to be,

Your obedient servant,

A. C. T. PERKINS,

County Medical Officer of Health.

CONTENTS

SUMMARY OF VITAL STATISTICS RELATING TO THE ADMINISTRATIVE COUNTY OF MIDDLESEX

Area (including inland water)			148,688 acres.
Population 1957			2,249,000
Number of structurally separate dwellings occupied (1951 census)			595,075
Number of private households (1951 census)			703,525
Rateable value (all hereditaments)			£39,976,215
Product of a penny rate, financial year			£161,218
Live births	Males.	Females.	Total.
Legitimate	15,403	14,703	30,106
Illegitimate	821	734	1,555
Live birth-rate per 1,000 home population (crude)			14·1 (England & Wales 16·1)
do. do. (adjusted)			13·8
Stillbirths			601
Stillbirth rate per 1,000 total births			18·6
Deaths			22,558
Death-rate per 1,000 home population (crude)			10·0 (England & Wales 11·5)
do. do. (adjusted)			10·9
Number of women dying from diseases and accidents of pregnancy and childbirth (includes deaths from abortions)			13
Maternal mortality rate per 1,000 total births			0·40 (England & Wales 0·47)
Infantile mortality rate per 1,000 live births:—			
Legitimate			17·0
Illegitimate			32·2
Total			17·7 (England & Wales 23·0)
Deaths from cancer (all ages)			4,733

ADMINISTRATIVE COUNTY OF MIDDLESEX

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1957

VITAL STATISTICS

AREA AND POPULATION

The County of Middlesex covers approximately 232 square miles and is comprised of 26 local authorities which, with the exception of six, are described by the Registrar General as " Great Towns ".

Although the population is estimated to have fallen by 2,000 during the year, many of the districts are still too closely populated, especially the older boroughs nearest to the centre of the metropolis.

According to the Registrar General, the population has decreased by 21,000 over the past five years and is now 2,249,000. Although this trend is encouraging it would seem that a long time will elapse before it will fall to the two million mark envisaged as the ideal maximum in the Greater London Plan of 1944.

Table 1 in the Appendix shows the population of each local authority in Middlesex. It shows also that, despite the addition of almost 6,000 dwellings, the average number of persons per dwelling remained at 3·6.

BIRTHS

During 1957 31,661 live births were registered, which is an increase of 997 over those for the previous year. This figure gives a crude live birth rate of 14·1 per 1 000 population and is the highest to be reported since 1949.

When adjusted to make allowance for differences in the age and sex structure of the population and also for the presence of residential institutions, the rate becomes 13·8 per 1,000 population and remains significantly below that of 16·1 for England and Wales generally.

Although this year the rate of increase has declined, it is the second consecutive year in which an increase has been recorded after the downward trend in the birth rate which had persisted since 1947. The reasons behind changes in the birth rate are complex and difficult to evaluate. The post-war rise in the rate was followed by a period of unusually low rates, which may now be passing.

Birth rates by administrative areas and county districts are set out in Tables 3 and 4 on pages 60 to 63. Other comparisons are shown in Table 5.

DEATHS

22,558 persons who lived in Middlesex died during 1957, 58 fewer than during the previous year. The difference is too small to affect significantly the crude death rate, which remains at 10 per 1,000 population. When the rate is adjusted to take account of the age and sex differences to make it comparable in these respects to the remainder of the country, the rate becomes 10·9 whilst that for England and Wales is 11·5. Middlesex has had an advantageous death rate for a long time and there is no reason to think that this trend will not continue.

The increase in the incidence of coronary heart disease still persists and during 1957 there were 3,661 fatal cases. This gives rise to the most serious concern, particularly because almost one-third of these deaths occurred under the age of 65, 64 per cent. being in males. This represents a significant loss to the working community of experienced people in the prime of life. While the causation and, therefore, the remedies are by no means wholly clear, we know sufficient to give some useful practical advice. Eat sparingly, take exercise and cut down smoking. Deaths from all heart and circulatory diseases formed 37 per cent. of deaths from all causes and this group remains the largest single cause of death.

Cancer caused the death of 4,733 persons during 1957, an increase of 146 over the previous year. There were fewer deaths among women suffering from carcinoma of the breast and of the uterus, but deaths from lung cancer increased from 1,090 in 1956 to 1,166 during 1957. Seven years ago, when the Registrar General first provided separate figures for deaths from lung cancer, they numbered 771; there has since been a steady increase in such deaths and the annual figure is now half as much again as it was for 1950.

There can be now little doubt about the association between smoking and lung cancer. A start has been made by way of health education to change our smoking habits but the money and other resources available for this purpose are puny compared with those expended by the tobacco companies in their advertising. It is like a boy with a peashooter versus a battleship. In view of the ever-increasing and relentless toll which is being exacted, it is time that a strong national lead was taken to stem this needless loss of life. The number of deaths from lung cancer this year is five times greater than those caused by motor vehicle accidents and yet the amount of money expended on publicity to avoid such accidents must be many times greater than that spent in pointing out the greater menace to health and life represented by excessive smoking.

Quite apart from this, experience has shown that publicity and education in the field of preventive medicine tend to be cumulative in effect and can be unrewarding as far as immediate results are concerned. This is particularly so when it is aimed at undesirable habits which are causative factors in diseases such as dysentery and food poisoning. At their best and on an intensive national scale these methods take a long time to effect measurable improvements.

It is now plain for all to see that excessive smoking should be discouraged, for it has other serious effects on health apart from lung cancer. Consideration might well be given to making the advertising of tobacco illegal, as has, it is understood, been done in Sweden.

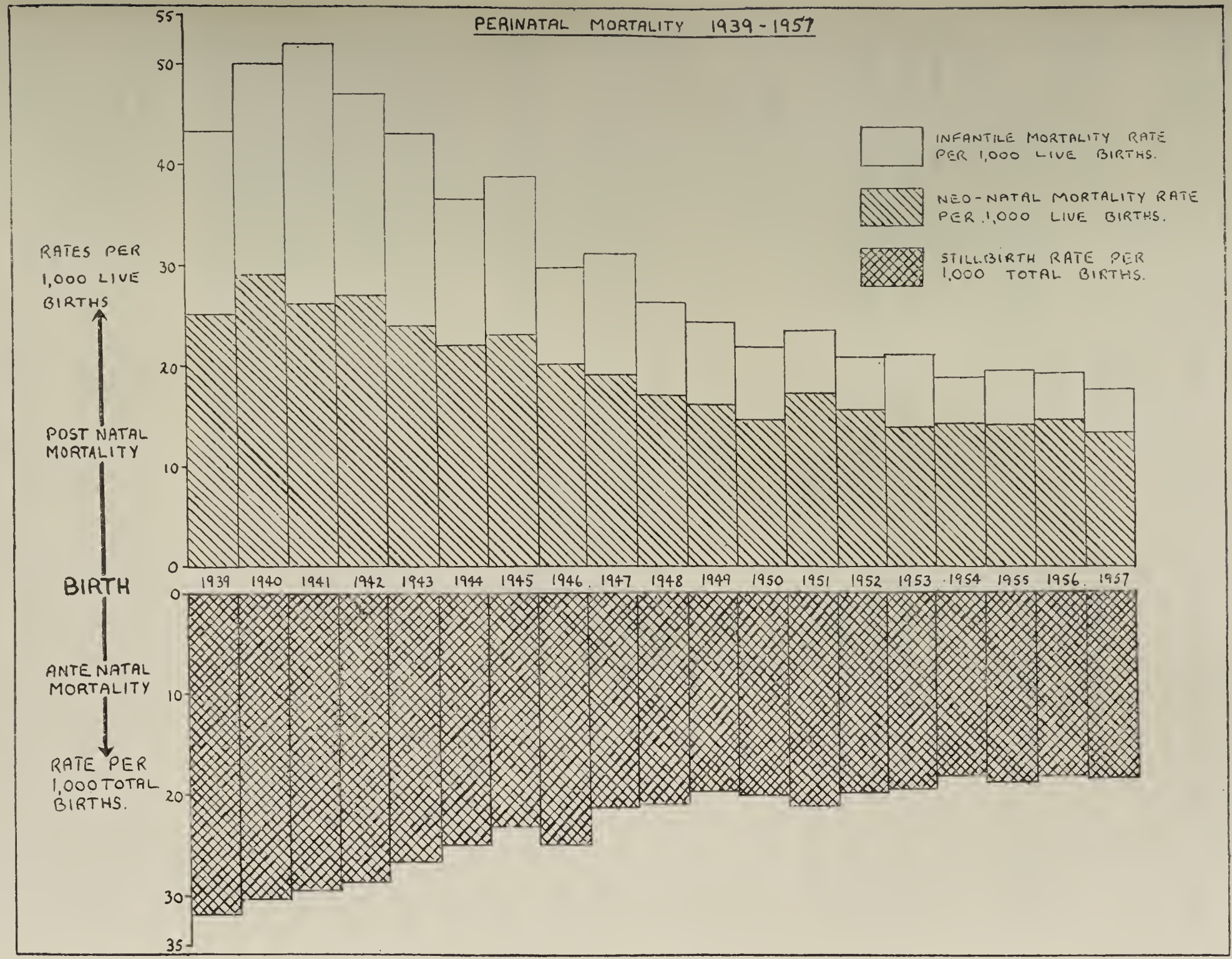

PERINATAL MORTALITY 1939 - 1957
INFANTILE MORTALITY RATE PER 1,000 LIVE BIRTHS.
NEO-NATAL MORTALITY RATE PER 1,000 LIVE BIRTHS.
STILLBIRTH RATE PER 1,000 TOTAL BIRTHS.
RATES PER 1,000 LIVE BIRTHS
POST NATAL MORTALITY
BIRTH
ANTE NATAL MORTALITY
RATE PER 1,000 TOTAL BIRTHS.
55
50
40
30
20
10
0
0
10
20
30
35
1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957

Table 2 on page 59 of the appendix sets out deaths by causes and age groups.

INFANTILE MORTALITY

During 1957 there were 561 deaths of infants under one year of age, so that the infant mortality rate is 17·7 per 1,000 live births (19·0 in 1956) and is the lowest ever to be recorded in Middlesex. It also compares particularly well with the rate of 23·0 for the whole of England and Wales.

Only half a century ago 2,655 infants under 1 died in Middlesex, which gave a rate of 95 per 1,000 live births. Apart from the war years, continuous progress has since been made in reducing the loss of infant life, although during the last decade the rate has declined much more slowly.

Some of the deaths now occurring are due to congenital malformations and in the light of our present knowledge it is very difficult if not impossible to reduce these. Others, however, are preventable; their causation lies largely in the ante-natal period and at birth and further significant reductions are dependent upon a first-class maternity service in which there is the closest working between all those concerned.

Tables 2, 3, 4 and 7 on pages 59 to 65 show causes of death, comparisons by areas, districts, &c.

MATERNAL MORTALITY

Thirteen maternal deaths (which include those associated with abortion) occurred during 1957 and is the lowest number ever to be recorded. The maternal mortality rate for Middlesex is 0·40 per 1,000 total related births. The rate for England and Wales is 0·47.

Tables 2 and 8 on pages 59 and 66 provide additional statistical data.

SICKNESS INCIDENCE

I am again indebted to the Chief Medical Officer of the Ministry of Pensions and National Insurance for providing me during the year with the weekly numbers of persons making claims for sickness benefits. The weekly figures give warning of impending epidemics and serve as a reminder of the special problems which will have to be faced when a major epidemic occurs. Fortunately, these occur very infrequently but at the same time this tends to give a feeling of false security. It is under these circumstances that the sickness returns are so valuable and serve as a reliable and constant reminder of lurking danger.

Sickness incidence during the greater part of the year was below that normally experienced, but during the last quarter the first applications for sickness benefits numbered almost 190,000, almost double that of any of the corresponding quarters over the past six years. These high figures were largely the result of an outbreak of Asian influenza, which was widespread over the whole of the country during the middle of the year, and which, in Middlesex, reached its peak during the middle of October and then declined as rapidly as it had begun.

Whilst the number of persons affected was high, the outbreak did not reach unmanageable proportions and in nearly all cases the illness ran the

characteristically mild and rapid course experienced elsewhere. The total number of deaths during 1957 in Middlesex attributed to influenza was 198. It is pleasing to find that the rate of sickness in Middlesex as judged by sickness benefit claims is again less than that for Great Britain as a whole, viz., 183 and 192 per thousand population respectively.

Table 9 on page 66 shows the incidence of sickness in Middlesex during each quarter of the last seven years.

INFECTIOUS DISEASES
(including prophylaxis)

Corrected notifications of infectious diseases received during the year are shown in Table 10 on page 67 by local sanitary districts.

SCARLET FEVER

The total of 1,400 cases notified (1,527 in 1956) was the lowest for 40 years, when the county population was only a little over half the present figure. The Registrar General no longer lists separately the deaths arising from scarlet fever, which is an indication of the present mild character of the disease.

WHOOPING COUGH

Although more than 26,000 children were immunised or given reinforcing injections against whooping cough during the year, the scheme has not been in force in the County generally long enough to affect the incidence of the disease to any marked extent. Towards the end of 1956 the County Council agreed that antigen for vaccination against whooping cough or combined diphtheria/whooping cough vaccine should be issued to general practitioners, on request, free of cost. In the case of inoculation of children against whooping cough only, it was decided that the Council would not require records from general practitioners. This resulted in incomplete information for a time regarding the numbers immunised against this disease but I am glad to say this has now been remedied and it should soon be possible to know the approximate level of immunity in the County. Although there were 2,897 cases of whooping cough notified during 1957 (2,418 in 1956), there is no doubt that immunisation protects children either by preventing or by lessening the severity of what can be a killing disease in small children. One death from whooping cough occurred in a child under one year of age during the year. Further statistical information concerning immunisation can be found in Table 17 on page 72.

MEASLES

The controversy concerning the value of the notification of this disease has not yet been resolved. In view of the modern methods of treatment it is doubtful whether the cost of notifying the 27,183 cases during 1957 was justified. There is a shortage of health visitors and with more of their time now being spent in dealing with problem families, immunisation and vaccination and with old people, it is likely that only a very small proportion of the measles cases notified can be followed up. The main value of notification under these circumstances is that it serves as a reminder that this is an old problem in the field of preventive medicine which still remains obdurate.

DIPHTHERIA

For the third year running two cases of diphtheria were notified during the year. Both cases resided in Edmonton and were adult females. The first case was a woman aged 60 years, diagnosed in August as diphtheria mitis. The second case occurred in November in a woman aged 54 years, who was found to be a carrier. Neither had been immunised and both recovered.

Although a diphtheria prophylaxis publicity campaign was held at the beginning of the year, it is a matter of some concern to find that only 43,551 children received primary or secondary injections during 1957. This was over 6,000 fewer than in the previous year. It may be that the difference is not so high as it appears because all records of immunisation may not yet have been received, particularly when it is recalled that the severe outbreak of Asian influenza which occurred during the year may have had the effect of delaying the sending in of record cards by general practitioners.

This is illustrated by the experience in one area and I am again indebted to Dr. Harvey for his research in this matter in Area No. 2. Dr. Harvey contrasts the numbers of children immunised and vaccinated as shown by records received with those produced as a result of the follow-up by his health visitors. Dr. Harvey demonstrates that the level of immunity for the whole area among children up to 2 years of age is more than 90 per cent. Dr. Harvey also circulates the figures to all health visitors and clinic nurses to enable them to compare the results in their own areas with those of others and has good reason to believe that this provides a valuable stimulus.

It appears, however, that this year there has been a real fall in the numbers immunised against diphtheria and whooping cough, principally because of changes made to combat the risks of provocation poliomyelitis.

As a result of an investigation made by a committee of the Medical Research Council, it was clearly shown that the use of certain vaccines against diphtheria and whooping cough was more likely to provoke an attack of poliomyelitis. It was decided therefore to amend the scheme and a new programme was drawn up, which had the effect of increasing the number of injections needed to provide immunity. Unfortunately, however, it involved additional work, delay in achieving full immunity in individual children, and fewer children being protected. Later in the year the Ministry of Health advised all local health authorities to adopt the same course of action.

Tables 15 and 16 on pages 70 and 71 relate to immunisation against diphtheria.

POLIOMYELITIS

Precisely the same number of cases (192) was notified in 1957 as for the previous year. 35 per cent. were aged 15 years or over, compared with 22 per cent. in 1956 and an average of 32 per cent. over the past six years. Unfortunately, there were 17 fatal cases and of the 56 persons aged 25 years and over who contracted the disease, 12 died.

In my last report I gave a brief resume of the arrangements made to offer vaccination against this disease to children born between 1947 and 1954. At the end of 1956 almost 8,000 children had received a full course of two injections. Early in 1957 the Minister of Health asked local health authorities

to vaccinate as many as possible and with that end in view and in the light of past experience he advised that vaccination need not be suspended during the season when the disease is prevalent and that children born during 1955 and 1956 should also be protected.

Later in the year the Minister announced that the scheme was to be extended to include all children up to the age of 15, expectant mothers, general medical practitioners and local health authority ambulance staff, and also the families of the two latter groups, and that American and Canadian Salk vaccine would be imported in order to ensure adequate supplies to honour the promise that vaccination for all these groups would be completed before the disease became prevalent again in the summer of 1958.

By the end of December about 87,000 persons who had registered in Middlesex had not yet been inoculated pending further deliveries of vaccine. Nevertheless the area staff and general practitioners had given a course of two injections to over 60,000 persons and some degree of immunity was afforded to nearly 9,000 who had been given one injection. Statistics relating to cases occurring and vaccinations can be found in Tables 11 and 12 on page 68.

DYSENTERY

During the year 756 cases of dysentery were notified, a little more than half those recorded during 1956. The spread of the disease over the County was uneven and although to some extent this may reflect the efficiency of notification rather than differences in the actual incidence, there is no doubt that wide differences in the incidence of the disease occur within the County. A few years ago it was disturbing to find that the incidence as measured by this notification rate was higher in Middlesex than for the whole country but happily since 1953 this position has been reversed and in 1957 the rate was 34 per 100,000 population for Middlesex, compared with that of 64 for England and Wales as a whole.

In Middlesex and for the rest of the country a large proportion of those affected are very young. Day nurseries, nursery and infant schools, in particular, and other schools and institutions form the usual centres of outbreaks, especially if there is overcrowding or the sanitary facilities and training are inadequate.

ENTERIC FEVER

Only five cases were notified during 1957, the smallest number for many years. No district notified more than one case.

FOOD POISONING

The number of cases notified remains disturbingly high, especially since there is cause to believe that the 422 cases notified in 1957 represent only a small proportion of the cases actually occurring. From the distribution of the cases which are notified there is no doubt that the incidence is widespread.

PUERPERAL PYREXIA

The 965 cases notified during 1957 is a record high number (866 in 1956) since the new regulations governing this disease came into force in 1951. As would be expected, the great majority are still being notified in the districts containing hospitals with large maternity units.

SMALLPOX

The first cases of smallpox occurring in the County since 1949 were notified in Tottenham. The risk of this assuming epidemic proportions was obviated by the energetic action of the medical officer of health of the Borough of Tottenham, Dr. G. Hamilton Hogben, who is also the County Council's area medical officer for Health Area No. 3. He received full support from the County Council's area health staff.

The number of persons vaccinated or re-vaccinated during the year against smallpox increased by 25,094, almost 100 per cent. more than were protected during 1956. There is no doubt that this large increase was due to publicity given to the cases of smallpox which occurred in Tottenham in the middle of the year.

Table 13 on page 69 sets out the number of vaccinations and re-vaccinations against smallpox in age groups by areas.

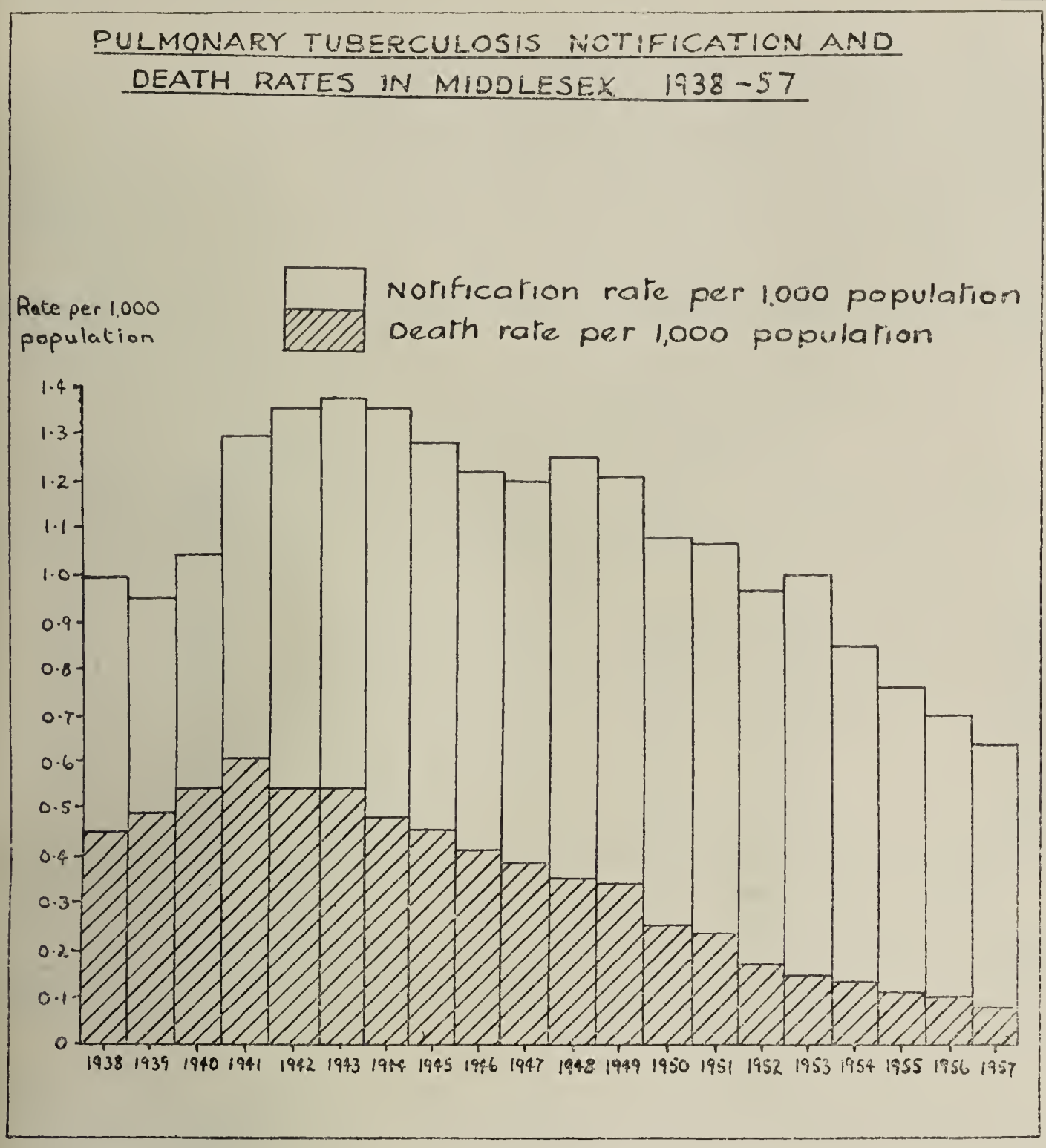
TUBERCULOSIS

Statistical data relating to tuberculosis and also to the work of chest clinics in the County are shown on pages 73 to 76.

There is no change to report in the Council's arrangements for prevention of tuberculosis and for the care and after-care of those suffering from the disease. The decline in new cases of tuberculosis continues at approximately the same rate as over the past four years. Of all the factors contributing to this fall in the incidence of the disease, probably improved methods of treatment play the greatest part by reason of the fact that this has resulted in fewer patients suffering from relapses and also in bringing the early infectious patients under effective control. However, it will be appreciated that other factors such as improved diagnostic facilities, the extension of the scheme for vaccination with B.C.G. vaccine and no relaxation of the preventive work carried out by tuberculosis health visitors have together played their part in maintaining a satisfactory position in the control of tuberculosis.

Notifications.—There were 1,425 primary notifications of pulmonary tuberculosis, a reduction of 143 from last year. The young adult is still the most vulnerable to pulmonary tuberculosis, although the percentage of notifications in the older age groups, particularly in men, continues to increase as shown by the following table:—

Year.	Notifications of persons age 15–44.				Notifications of persons age 45–64.			
	Males.	Females.	Total.	Percentage of all notifications.	Males.	Females.	Total.	Percentage of all notifications.
1948	987	1,001	1,988	70	319	111	420	15
1949	985	900	1,885	69	370	106	476	17
1950	822	860	1,682	68	361	129	490	20
1951	830	760	1,590	66	376	100	476	20
1952	712	745	1,457	66	355	110	465	21
1953	700	764	1,464	65	390	109	499	22
1954	614	605	1,219	64	321	108	429	22
1955	550	530	1,080	63	305	92	397	23
1956	484	439	923	59	325	86	411	26
1957	428	402	830	58	310	89	399	28



Deaths.—The number of deaths from tuberculosis during the year was 201 and of this 182 were on account of pulmonary tuberculosis. The following table shows the trend of mortality and morbidity for pulmonary tuberculosis over the past ten years.

Year.	Primary notifications.				Deaths.			
	Males.	Females.	Total.	Rate per 1,000 population.	Males.	Females.	Total.	Rate per 1,000 population.
1948	1,527	1,301	2,828	1·25	493	297	790	0·35
1949	1,588	1,158	2,746	1·21	486	279	765	0·34
1950	1,378	1,099	2,477	1·08	370	197	567	0·25
1951	1,416	1,000	2,416	1·07	331	197	528	0·23
1952	1,251	957	2,208	0·97	252	134	386	0·17
1953	1,284	980	2,264	1·00	222	105	327	0·14
1954	1,109	816	1,925	0·85	209	83	292	0·13
1955	1,000	706	1,706	0·76	178	66	244	0·11
1956	957	611	1,568	0·70	154	60	214	0·10
1957	868	557	1,425	0·63	130	52	182	0·08

Posthumous notifications of pulmonary tuberculosis were 14 and deaths from the disease of persons not previously notified amounted to 43.

Home visiting.—Tuberculosis visitors carried out 45,888 visits to the homes of patients during the year. Contacts of new cases who attended for examination amounted to 11,646, giving a figure of eight contacts for every new case of pulmonary tuberculosis notified during the year. Only 124 new cases were found amongst these contacts. The number of patients attending at chest clinics in the County for examination and investigation again showed considerable increase over previous years. The percentage incidence of disease amongst those examined (including contacts) is shown in the following table:—

Year.	Total persons (including new contacts) examined for the first time.			New contacts examined.		
	Number.	Number found tuberculous.	Percentage found tuberculous.	Number.	Number found tuberculous.	Percentage found tuberculous.
1949 ..	27,584	2,651	9·6	8,399	266	3·2
1950 ..	34,159	2,355	6·9	8,894	213	2·4
1951 ..	40,622	2,276	5·6	9,915	291	2·9
1952 ..	38,695	2,390	6·2	9,597	207	2·2
1953 ..	43,747	2,504	5·7	11,194	231	2·1
1954 ..	45,032	1,981	4·4	9,773	154	1·6
1955 ..	53,624	1,777	3·3	10,849	150	1·4
1956 ..	56,591	1,602	2·8	10,003	136	1·4
1957 ..	62,985	1,362	2·2	11,646	124	1·1

Welfare.—The work of the welfare officers at chest clinics shows little change over the past few years, except that an increasing number of patients suffering from chronic bronchitis or lung cancer are being referred by physicians to the welfare officer or patients themselves seek the advice of the welfare officer on a wide variety of social problems.

Vaccination.—During the year 2,445 contacts of known cases and also 12,745 school children in the 13-year age group were vaccinated with B.C.G. vaccine.

Other chest diseases.—Although the bulk of the work at chest clinics is still in connection with diagnosis, treatment and after-care of patients suffering from pulmonary tuberculosis, many more patients are being referred for diagnosis and/or treatment of non-tuberculous diseases, such as chronic bronchitis and lung cancer. Both these diseases have a high mortality rate and also are responsible for a very high percentage of lost working time by the insured population. Moreover, like tuberculosis, they give rise to many difficult and sometimes distressing social problems and it is here that both the home visitors and welfare staff have given no small measure of help and guidance.

VENEREAL DISEASE

During 1957 the number of Middlesex patients attending for the first time clinics in hospitals was 68 less than in 1956. The number of patients suffering from gonorrhoea again showed a slight increase, whilst those suffering from syphilis and other conditions decreased; but these variations were not sufficient to have any real significance.

It is impossible, in the absence of compulsory notification, to form any estimate of the real incidence of venereal disease in the community since, particularly in the case of gonorrhoea, modern methods of antibiotic treatment and chemotherapy can be satisfactorily undertaken by experienced general practitioners and undoubtedly many cases never attend a venereal disease clinic.

The County almoners continue to attend the venereal disease clinics which are held at hospitals within the County and to follow up those patients who fail to complete treatment, or patients referred to them.

HEALTH CONTROL OF AIRPORTS

The Health Control Units in the north and central terminal buildings of London Airport have worked smoothly and satisfactorily during 1957. The central terminal deals entirely with continental air traffic and the north terminal with the long-distance flights. Port Health work is largely confined to the north terminal, as the majority of the continental flights come within the " excepted area " agreements. Other duties, such as National Health Service ambulance commitments, &c., are more or less equally divided between the two terminals. Examination of arriving aliens and of Form Port 12 cases occur more frequently in the central terminal.

There has been no change in health control procedure. All passengers arriving from endemic disease areas are cleared by Health Control, their vaccination certificates are checked and yellow warning cards issued.

The number of planes arriving totalled 37,617, an increase of 1,922 on the previous year. Passengers arriving totalled 1,179,941, an increase of 100,290.

The number of planes requiring disinsectisation certificates totalled 2,477 for the year, a decrease of 561 compared with the previous year. This was due to a change in policy so far as British Overseas Airways Corporation was concerned.

The number of aliens arriving holding Ministry of Labour permits increased by 1,099. The total number examined for the year was 3,957, as compared with 2,858 during 1956. There was a decrease in the number of aliens arriving for medical treatment, requiring the completion of Aliens Order Form Port 12. The total arriving was 763, as compared with 783 during the previous year.

At the request of the Ministry of Transport and Civil Aviation further provision was made during the year for the examination of air crews for flying licences. An extra examination room was brought into use and additional medical, &c., staff appointed. The total number of examinations was 1,920, an increase of 464 over the previous year.

The number of air traffic control officers and Ministry of Transport and Civil Aviation personnel medically examined totalled 369, an increase of 21.

The number of sick airport staff treated increased by 1,561. The total number for the year was 4,570, as compared with 3,009 for the previous year. Sick passengers and visitors treated, exclusive of ambulance cases, totalled 1,576, compared with 1,046 during 1956, an increase of 530.

As forecast last year, there has been a considerable increase in the number of passengers arriving requiring ambulance transport. The total of 1,777 ambulance cases shows an increase of 417 on the previous year and will probably continue to increase as speedy air traffic makes specialist treatment in the United Kingdom more easily available. The following figures give an analysis of how cases requiring ambulance transport were dealt with during 1957:—

(*a*)	National Health Service	836
(*b*)	Private	683
(*c*)	Service R.A.F.	208
(*d*)	St. John Ambulance Brigade and British Red Cross Society	50

The maximum co-operation continues to be received from Hillingdon and West Middlesex Hospitals in dealing with sick arrivals, also sick persons in transit, requiring overnight or longer hospital accommodation and attention.

The number of mental cases dealt with on arrival totalled 164, as compared with 158 during 1956, an increase of 6. These cases were mostly British subjects who are dealt with by the County Council's mental welfare officers (duly authorised) in consultation with the airport medical officers.

A number of ships' crews, principally lascars, continue to arrive to take over ships in this country. These crews are examined by the medical officer and the Medical Officer of Health of the district to which they are proceeding is notified of their arrival.

BLIND PERSONS

During the year 632 reports on Form B.D.8 were received in respect of new cases for consideration of their admission to the register of blind or partially sighted persons. In addition, 178 reports on old cases or persons transferred from other areas were reviewed.

The classification and follow-up of persons on the register of blind or partially sighted persons during 1957 is given in Table 44 on page 96.

The Chief Welfare Officer arranges for home teachers for the blind to visit all registered persons and follow-up on the treatment and advice recommended by ophthalmic surgeons. There is very good co-operation between the officers of the County Council and hospital authorities on the follow-up of patients.

NATIONAL HEALTH SERVICE ACTS

When my report for 1956 was written, the Cranbrook Committee had just been set up to review the present organisation of the maternity services in England and Wales, to consider what should be their content, and to make recommendations. This Committee is still in existence and has not yet presented a report, but in the intervening year the County Council has prepared and presented to it the evidence which is peculiarly applicable to such a County as Middlesex. When the findings of the Cranbrook Committee are made public it is to be hoped that closer integration of the three parts of the Maternity Services will result. Meanwhile, special local liaison committees met to this end during the late autumn of 1956 and the first months of 1957. These com-

mittees consisted of professional representatives of the local health authority, the general practitioners and the hospital consultants, following the issue of an advisory memorandum on ante-natal care by the Standing Maternity and Midwifery Advisory Committee of the Central Health Services Council. Meetings were held in the larger maternity units over the whole County and at each one a hospital consultant was present, as well as one or more representatives of the County Council and, at all except Queen Charlotte's Hospital, general practitioners. The meetings were all cordial but the same impression remained after each one—that the hospital staffs generally have little or no knowledge of the work of a local health authority and its staff, including the duties of a health visitor, the capabilities of a domiciliary midwife, and the existence of the home help service: in short, of the social conditions in the homes of their patients. It is disappointing to have to record only one practical issue so far of this series of meetings. A scheme has been evolved, and is to be put into practice in 1958, in connection with Chase Farm Hospital, whereby interested and suitably qualified general practitioners will book maternity cases for domiciliary care, and will work closely with the Council's staff of midwives and with the maternity department of the Hospital. An agreed obstetrical record form has been devised for joint use by all concerned. It is hoped that if this experiment succeeds, others may follow the example, until the whole of the County is covered. It may well be that the restricted outlook of the hospital staffs accounts for their lack of discrimination in booking maternity cases, leaving no margin of accommodation for late emergencies, whether of medical or social origin. This has become increasingly obvious as the number of births has risen, and as increasing use has had to be made of the Emergency Bed Service. There does not appear to be any shortage of maternity beds in Middlesex, provided that they are properly allocated.

Section 22

CARE OF MOTHERS AND YOUNG CHILDREN

Clinics.—One new building was completed during the year and will come into use early in 1958—Pound Lane Clinic, Willesden. The clinic at Honeypot Lane, Queensbury, construction of which was started before the war and, although taken into use during the war, had not been finished to its original specifications, was finally completed during 1957, so providing much improved clinic facilities. One ante-natal clinic was closed and one opened during 1957, both in Area 1. No child welfare clinics were closed and none opened during the year.

Welfare Foods.—Arrangements exist at the Council's infant welfare centres for the supply of certain welfare foods and vitamin preparations at special charges which in necessitous cases can be halved or waived completely. At the request of one of the Health Services Liaison Committees the Council decided to ask the Minister of Health to approve the extension of these arrangements to the mothers of children who attend infant welfare clinics run by general practitioners for their own patients. At the end of the year, however, the Minister's decision had not been received.

Day Nurseries.—Crest Road Day Nursery, Willesden, was closed, leaving a total of 34 nurseries (1,538 approved places). At the end of the year there

were 1,317 children on the registers, with an average daily attendance of 1,034. Increasing use was made of transport for necessitous cases. Registrations under the Nurseries and Child Minders Regulation Act, 1948, provided a total of 2,005 places.

Mother and Baby Homes.—A new home for mothers and babies was opened in the late Autumn at Guilford House, Torrington Park, N.12. This consists of two houses with accommodation for 14 ante-natal cases in one and 14 mothers with babies in the adjacent one.

There was a slight fall in the total (603) of cases admitted to mother and baby homes during the year.

DENTAL CARE

The following report on the operation of the priority dental service has been prepared by the Chief Dental Officer, Mr. J. V. Bingay, *M.B.E.*, L.D.S.R.C.S.:—

> " During the year 1957 the working of the priority dental service has followed closely the pattern set by the years 1954–56.
>
> The decline in the number of mothers and pre-school children who were treated in 1957 as compared to 1956 has again followed the trend which has been in evidence since the implementation of the National Health Service Act, 1946, and which, in my opinion, is due to the fact that increasing numbers of patients of the priority classes are receiving treatment through the General Dental Service. The figures in terms of patients referred to and examined by dental officers are as follows: 1950—12,703, 1951—12,357, 1952—12,138, 1953—11,650, 1954—11,578, 1955—10,794, 1956—10,638, 1957—9,695.

Although the county dental service is receiving a great deal of valuable help through the general dental service in that a proportion of the very heavy load is being shouldered by that service, there is considerable evidence available to show that a large number of mothers, both expectant and nursing, together with pre-school children, are receiving no dental treatment at all. Accordingly it is essential that no effort is spared in endeavouring to ensure that every mother, prospective mother and pre-school child who attends the County Council's maternity and child welfare clinics is seen either by our own dental officers or the dental surgeon of the patient's choice. Particularly is this of vital importance in the case of the young mother expecting her first child. In the case of the pre-school child early treatment can often avoid, in later years, expensive and tedious orthodontic treatment.

Treatment of Pre-School Children

The report of the Ministry of Health on the state of the public health for the year 1956 published in December, 1957, gives a wealth of information on the dental care of the pre-school child and I am, by virtue of the statistical returns contained therein, able to make some interesting comparisons between the county service, the general dental service and the local authority services for England and Wales. Unfortunately, the figures for the local authority services are for the years 1954–55 only but it is

improbable that there are any considerable variations in respect of the years 1956–57. In order that the picture may be shown clearly, the table is set out below: I would, however, point out that the figures shown for the local authority services include the Middlesex returns:—

TREATMENT OF CHILDREN AGED 0–4 YEARS

	Local authority service England and Wales		General dental service England and Wales			Middlesex C.C.			
	1954	1955	1954	1955	1956	1954	1955	1956	1957
No. of children treated	65,164	65,972	143,000	147,000	180,250	7,178	6,665	5,947	5,581
Conservations ..	77,592	80,100	147,540	154,500	167,950	19,398	17,763	16,193	15,917
Extractions	92,772	93,613	162,200	163,050	175,400	7,287	6,832	5,941	5,417
Ratio—conservations: extractions.. ..	0.84	0.86	0.91	0.95	0.96	2.66	2.60	2.85	2.94
Treatment completed per 100 children:									
Conservations ..	119	121	103	105	93	270	267	284	285
Extractions ..	142	142	113	111	97	102	103	100	97

It will be seen from the above that the number of pre-school children treated by the general dental service has risen from 143,000 in 1954 to 180,250 in 1956, a total increase of 37,250, a figure which confirms my statement made above that an increasing number of children are receiving treatment through the medium of that service.

Another point of interest is that in 1954, out of a total number of 77,592 conservations carried out by the local authority services, Middlesex were responsible for 19,398, *i.e.*, approximately 25 per cent. of the total, the corresponding figure for 1955 being 22 per cent.

Staffing Position

Once again the number of dental officers employed by the County Council has been maintained by the appointment of part-time officers. It is, however, an unfortunate fact that, although these part-time officers carry out a lot of very valuable treatment, the average length of stay is comparatively short and the constant changes of staff in a service of such a personal nature must prove bewildering to the patients and gives the whole service a sense of instability.

The number of dental officers employed at the end of the year was 112, being made up of 55 whole-time officers and 57 part-time, the whole-time overall equivalent being approximately 73 officers.

The total number of sessions during 1957 devoted to dental treatment was 34,379, of which 3,682 sessions were in respect of the treatment of priority classes, *i.e.*, 10·7 per cent., a percentage which is in accordance with the recommendations of the Ministry of Health (M.O.H. circular 11/55). This figure is in all probability slightly under-estimated, due to the fact that certain 'mixed' sessions (particularly general anaesthetic sessions), where the bulk of the patients are school children with only two or three priority class patients, are normally allocated to the school

dental service *in toto*. It is therefore likely that the true figure for the treatment of the priority classes is nearer 12 per cent. of the total sessions.

Super-Speed Dental Drills

A great deal of research is being undertaken both in this country and in the United States of America in the application of the super-speed drill to operative dentistry.

Although the models already available have not been in operation for any length of time, one cannot but be impressed with the speed and freedom from discomfort with which cavities are prepared. One of the most important factors as far as the treatment of very young children is concerned is that vibration and noise is largely eliminated as compared to the conventional dental engine. I feel sure that this aspect alone would go a long way in dispelling the ever-present dread of the 'drill' in the child mind.

In my opinion the dental engine as we know it to-day will soon become obsolete. Consideration should therefore be given to the need for a programme of replacement of existing engines for the new types in the not far distant future.

Statistical Information

During the year 3,239 expectant and nursing mothers received complete dental treatment, the number of attendances being 13,180.

Fillings numbered 7,503 and extractions 4,965; in addition, 1,599 scalings and gum treatments were provided and 380 full and 599 partial dentures were fitted.

Additional statistical tables will be found on page 81."

Section 23

MIDWIFERY SERVICE

The increase of 1,031 births in the County over the previous year included an increase of 672 domiciliary births. There is now considerable difficulty in recruiting midwives to the domiciliary service and, although Middlesex is probably better favoured than some authorities, the staff was less by two at the end of the year. Pupil midwives received for the three months district part of the training for Part II of the C.M.B. certificate numbered 142. The midwifery staffing situation will need careful watching. Undoubtedly, domiciliary midwifery does not appeal to the modern young women as it did to the previous generation, and as do other professions. The staff in Middlesex can be depleted no further with safety. Even now in certain areas the supply is not always available to meet the demand.

Increasing use is being made of trilene analgesia and 25 sets of apparatus were in use at the end of the year. It is easier to transport than the cumbersome gas and air apparatus and is proving increasingly popular with the mothers.

Section 24

HEALTH VISITING

Difficulties in recruitment are also being met among health visitors and it has not been possible to implement the approved establishment of 1 to 6,000 population, let alone that recommended by the Working Party on Health Visiting of 1 to 4,300. The staff was less by one at the end of the year than

in 1956. Nevertheless, the total of visits paid was increased by 22,895 and the number of families visited increased by 1,038.

In Area 3 two specialist health visitors began work among problem families. This experiment will be watched with great interest. The view that this type of work does not constitute a proper use of a health visitor is sometimes expressed but so far an excellent job is being done.

In Area 6 three health visitors are co-operating with local hospitals in the special domiciliary care of diabetics. This, too, is an experiment which may prove worth extending.

The training of health visitors at Chiswick Polytechnic has proceeded very satisfactorily and proves a good source of recruitment to the staff. It is hoped that plans for an integrated scheme of training with Central Middlesex Hospital can be brought to fruition and that if all necessary approvals are obtained the starting date may be September, 1959.

Section 25

HOME NURSING

The staff of home nurses has been increased by two during the year. The number of patients attended was less by 2,146, and the total number of visits by approximately 11,000. It may well be that the pattern of the home nurses' work is changing, partly as methods of administration of antibiotics change and fewer injections are necessary, but the vast majority of visits are still paid to the elderly and chronic sick. In contrast to the general picture, in the care of patients over the age of 65 there has been a substantial increase during the year both in the number of cases attended and the number of visits paid, the respective figures being 184 and 35,541.

The training scheme at Willesden has continued as before. A special advisory committee on home nurse training has been set up by the Minister, as a result of the Working Party's report on home nursing. No advice to local authorities has so far been received, but there may be changes before another year has passed and the County Council may find it expedient to formulate its own scheme of training. This will need careful planning and selection of the best from the past in conjunction with imagination for the future. It must always be remembered that nursing in the home is entirely different from nursing in hospital. Nowadays hospital nurse training does not include a sufficiency of experience in the basic nursing procedures so essential for the patient bedfast at home—so important for his comfort and possible rehabilitation. It may prove possible to shorten by a little the period of home nurse training, but to make it too short would be a grave error.

How far the service has acted as a relief to the hospitals, general practitioners and ambulance service is very difficult to tell. There is no question that a very large number of the cases attended would have had to enter, or to remain in, hospital if home nurses had not been available, but a more precise estimate is impossible at the present time.

Section 26

VACCINATION AND IMMUNISATION

Description of the services provided by the County Council under this section of the Act will be found under the heading " Infectious Diseases " (including prophylaxis) on pages 13 to 19.

Section 27

AMBULANCE SERVICE

Although the concurrence of the Health Committee must be obtained in any decisions relating to the peace-time ambulance service policy, development, &c., the day-to-day management of the service is carried out by the Chief Officer of the Fire and Ambulance Service under the direction of the Fire Brigade Committee.

The following statement on the operation of the peace-time ambulance service for the year ended 31st December, 1957, has been prepared by Mr. A. Wooder, *C.B.E.*, L.I. Fire E., Chief Officer of the Fire and Ambulance Service.

" *Demands on the Ambulance Service.*—For the fourth successive year the number of patients carried during the year has shown a decrease. In 1957, 759,015 patients were carried, compared with 782,644 in 1956, a decrease of 23,629.

The directly provided Service carried 8,734 more patients in 1957 than in 1956, whilst the Supplementary Services carried 32,363 less. Thus the vehicles which are provided and manned by the County Council have continued to handle an increasing proportion of the total weight of traffic and for the second year running it has proved unnecessary to resort to the use of hired vehicles.

The total mileage run during the year by all vehicles, both directly provided and otherwise, showed a decrease of 285,581 miles and, notwithstanding the increase in the number of patients carried by the directly provided Service the total mileage of all the vehicles of that Service showed a decrease of 19,954 miles. This trend has now been apparent for some three years and it is very pleasing to be able to draw attention once again to the continued success which accompanies the efforts of the Service to achieve the most economical use of its vehicles by careful planning and co-ordination of patients' journeys.

Details of the number of patients carried are set out below, together with the corresponding information in respect of the previous year:—

	Patients carried	
	1957	1956
January	69,517	68,161
February..	62,850	66,690
March	66,180	69,878
April	61,863	65,605
May	69,293	70,063
June	57,159	63,769
July	64,724	64,065
August	58,246	60,603
September	60,114	59,748
October	67,335	70,988
November	64,924	67,677
December	56,810	55,397
	759,015	782,644

Further statistical tables are set out on page 95.

Planning and Co-ordination of Patients' Journeys.—In the opening paragraphs of this report, I have referred to the fact that, although a greater number of patients continues to be carried in the County Council's own vehicles, the mileage which these vehicles run continues to decrease. There is no doubt, therefore, that the process which was started some years ago of planning and co-ordinating patients' journeys is still bearing fruit. The journeys which offer the widest scope for ensuring that vehicles are used in the most efficient and economic manner are those which involve cross-county and out-of-county runs, and the planning of these centrally in the County Headquarters Control is still reaping rewards. Similar planning and co-ordination in respect of the more localised journeys is, of course, a regular feature of the work at depot level.

Vehicle Replacement Programme.—During 1957 the policy which the County Council has pursued during the previous year of standardising on Dennis diesel ambulances was continued and a contract for another 24 of these vehicles was placed to bring the total in commission up to 38 by the end of the financial year 1957–58. Actually, although delivery of these vehicles was completed during the financial year, only nine of them became available during the calendar year 1957. Delivery was taken in the early part of that year, however, of twelve similar vehicles and of three Trojan sitting-case vehicles which were outstanding from contracts which had been placed in 1956. Even when the contract for the 24 new Dennis ambulances has been completed, there will still remain in commission some twenty-five vehicles which were built in 1949–50 on chassis which had seen war-time service, the replacement of which must be regarded as being of primary importance.

Construction of New Sick Removal Depots.—It is with regret that I must refer to the fact that none of the last three permanent ambulance depots has been opened during 1957. In fact, no work on any of them has been undertaken. The site in each case is available but it is necessary to await the removal of the present restrictions on capital expenditure before any progress with the buildings can be made.

Transport of Patients by Rail.—During the year, the number of patients who were conveyed, under ambulance conditions, by railway was 704 compared with 564 during the previous year. The railway authorities have again given their whole-hearted co-operation to the Service in carrying out these removals.

Mutual Assistance.—Mutual assistance arrangements with the ambulance services in neighbouring counties have continued to operate smoothly.

London Airport.—Patients requiring ambulance transport to and from London Airport still constitute a major factor in the working of the Service and I am glad of this opportunity of expressing my appreciation of the assistance which the Service always receives from the Port Medical Officer and his staff. Without such assistance, the handling of these cases, which from the nature of the circumstances attending them can rarely be straightforward, would be much more difficult.

Civil Defence Ambulance Service.—The County Council policy whereby ambulances which have become redundant to the needs of the peace-time Service are first offered to the Civil Defence Corps for use in the training of Civil Defence volunteers has continued to be adhered to and during the year the Corps has taken seven such vehicles from the Service.

Ambulance Service Efficiency Competition.—The annual efficiency competitions were held again in both the accident and sick removal branches of the Service. The Cleland Trophy was won by the Willesden Accident Ambulance Station and the Baines Trophy was awarded to the Edmonton Sick Removal Depot. The competitions will be continued in the forthcoming year.

Control of the Use of the Ambulance Service.—The statistics which form part of this report indicate that for yet another year there has been a reduction in the number of patients carried, the figure for 1957 being less than that for 1956 by over 23,000. There is little doubt that the majority of medical authorities, in whose hands lies the responsibility for ordering the patients' transport, are increasingly ensuring that ambulance vehicles are put at the disposal of only those cases where a need is clearly established. Discussions with the hospitals and other medical authorities concerned will be continued where appropriate in order that everything possible may be done to maintain this trend."

Section 28

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis and Venereal Diseases.—Descriptions of the services provided by the County Council for the benefit of patients suffering from these diseases will be found on pages 16 and 18 of this report.

Recuperative Holiday Homes.—During the year the County Council accepted financial liability for the maintenance of 1,802 persons in recuperative holiday homes; 1,422 were admitted to such homes; of the remainder 356 applications were cancelled or withdrawn and 24 were outstanding as at 31st December, 1957. Of the 1,422 cases admitted, 1,180 were adults, 88 were children under school age and 140 were mental defectives sent to St. Mary's Bay Holiday Camp. The remaining 14 were mental defectives for whom short-term care was provided in cases of urgency, such as illness of a member of the family, the mother being in urgent need of a holiday, &c. In addition, 7 cases referred in the previous year were admitted to recuperative homes. Children of school age were dealt with under Education Act powers.

Applications were received from the following sources:—

Source	*No. of cases*
Hospitals	572
General practitioners	731
Chest clinics	265
Others (Local Health Authority's medical staff, etc.)	234
	1,802

Chiropody.—In addition to the service provided under Section 22 of the National Health Service Act, 1946, the chiropody services provided in Edmonton and in Brentford and Chiswick, which were established before the National Health Service Act, also operate under Section 28 of that Act. These facilities are provided mainly for the elderly, for whom chiropody is an important service. The number of cases treated at Edmonton was 1,326, the total number of attendances being 3,541. At Brentford and Chiswick 128 cases were treated and the total number of attendances was 786.

During the year the Council made a grant of £10 to the Salvation Army Free Foot Clinic, Wembley. Other voluntary organisations receive grants from the Sunday Entertainments Fund towards the cost of the services they provide, which may include chiropody treatment. Facilities are afforded in certain areas for chiropody sessions to be held by voluntary organisations on clinic premises free of charge.

The chiropody services which the Council has been permitted to provide under Section 28 of the National Health Service Act, 1946, are far from adequate, as the Minister of Health having given approval only to the continuation of the arrangements which were in operation on the 5th July, 1948, has not been able, since that time, to give approval to proposals to extend these services in view of the limitation imposed by the Government on expenditure under the National Health Service Act.

Loan of Nursing Equipment.—Following the approval of the Minister of Health of the County Council's amended proposal under Section 28 of the National Health Service Act, 1946, for a scheme for the loan of nursing equipment through the agency of voluntary organisations, arrangements were made for the Middlesex Branch of the British Red Cross Society to operate the scheme on behalf of the County Council from the 1st November, 1951. During 1957, 16,430 loans of articles of nursing equipment were made to patients.

Health Education

(i) *General.*—Health education is, of course, an integral part of the work of all those employed in the County Health Department, and in some way or other their work and attitude must affect, in this respect, the lives of the general public. In the main, however, this report is designed to show what work has been accomplished by the health education officer in his first ten months' service with the County Council.

To gather a harvest at least two operations must first have been carried out—soil preparation and planting or seeding. The wise grower will, however, have walked over his land, found out about the peculiarities of different areas and on that basis planned his programme.

This illustration offers a close analogy to health education of the public and while this report on health education, which is the first presented since the services of a full-time health education officer have been available, will not be able to report a harvest, it will show that sound reconnaissance has taken place, an agreed plan has been produced and in some areas of the County at least the soil has been prepared and a little seed sown.

It has been truly said that where there is no vision the people perish and health education is certainly visionary, but it is also intensely practical. It is worth while recalling the words of the Chief Medical Officer to the Ministry of Health, who has said " but the mere increase of knowledge, and particularly the knowledge of preventive medicine or the ways of personal hygiene and well-being can do nothing of itself to prevent disease unless it be understood, accepted and practised. It must become a common property of the people, it must arrest the attention of the individual and create in him a desire to know and act on his knowledge ". The practical work, therefore, of health education is the dissemination of knowledge in such a way that not only does it become the common property of the people but it also creates a desire to act upon it.

Unfortunately in the present economic situation many things, most desirable in themselves, must be postponed by virtue of the need to scrutinise all expenditure, but it is pertinent to suggest that health education, far from being an expense, is rather an urgent economy measure and that, as once again the Chief Medical Officer to the Ministry of Health has pointed out, where health education has been put into practice it has produced both improved well-being and lessened the cost of medical treatment.

As one of his first tasks, the health education officer was requested to prepare a report incorporating proposals for the integration and operation of health education in the County.

This document, which took some months to prepare and which runs to some 50 pages, was divided into three parts, as follows:—

1. The theory of health education.
2. Basic planning principles.
3. Master plan.

After careful consideration by the Medical Advisory Committee and the incorporation of certain amendments, it was submitted to the Health General Sub-Committee, who received it and noted that the full development will need to take place in stages which will probably extend over a considerable period of time.

Sometimes health education is thought to have a bearing merely on the physical side of life and for many the word creates an impression of a very limited sphere. Nothing can be further from the truth, for effective health education cannot be confined to dealing solely with the physical aspects of disease but must also have regard to the importance of good human relations and of the mental serenity and relaxation which can only come from understanding, goodwill and harmonious relationship with fellow beings. This fact should be borne constantly in mind in studying the remainder of this report.

It is now pertinent to turn to the work of health education which has been accomplished in the past few months and to see how this ties up with the ideals which have been outlined.

(ii) *Cancer education.*—Prior to the appointment of the health education officer considerable discussion had taken place between officers of the County Health Department and the Health Services Liaison Committee (Central Middlesex Group) and during the year two meetings of this committee have been held at which the health education officer has been invited to attend and explain to the members his suggestions for a practical plan of campaign and in broad principle these were approved. At the close of the year arrangements were in hand for a meeting at which the health education officer would be able to meet the local general practitioners in the Central Middlesex area as a whole and explain the proposed methods to them. There is at the moment every reason to believe that a great part of the ground work necessary in such a scheme has been covered and that it will be possible for the actual work to begin next year.

(iii) *Smoking and lung cancer.*—It will be recalled that in past annual reports attention has been consistently drawn to the connection between smoking and cancer of the lung. In the early months of the year a letter was prepared

giving the facts of the matter and distributed to all youth leaders in the County. Later, when the findings of the Medical Research Council were published, together with the Parliamentary debate on these findings, the Health Committee, in considering these matters, felt that more good would result from a campaign directed to the young people of the County urging them not to take up the habit rather than from disseminating posters for public display which would in the main be directed to the adult population, who had already had the opportunity through initial publicity in newspapers, radio and television of understanding the hazards involved. A meeting was therefore arranged between members of the Health Committee and the Education Committee, as a result of which it was decided that the Joint Consultative Committee for Primary and Secondary Education should be consulted. As a result of the discussions which ensued it was decided that the health education officer should be empowered to undertake research among young people at school, to find out their reaction to smoking and its hazards and to discover from them what approach would have the best chance of dissuading them from smoking and appreciating the hazards involved. The findings of that research project cannot be available for some little time but despite delay it was felt that in the end it would be more profitable to find out through research the best method of approach rather than plunge into an immediate spate of propaganda without any knowledge as to its probable efficacy. In this matter the need for securing the interest not only of the young people themselves but their teachers and their parents must not be overlooked.

(iv) *Foot health.*—The amount of preventable foot defects especially in children is considerable and many of them can be traced back to the purchase and wearing of unsuitable shoes. The health education officer was able to co-operate with Area 10 in sponsoring a foot health fortnight in the clinics of that area. The film produced by the Ministry of Health, " Your Children Walking ", was shown in all the clinics, together with special displays devoted to the question of feet and shoes. One useful by-product to this campaign was the fact that head teachers of several schools were invited to see the film and to discuss the problem, with result that invitations were received to go to several schools to talk on this subject and also to lecture to parent-teacher association groups. It was felt that in order that the fortnight should be successful the medical and health visiting staff of the area should be given the benefit of the latest information available on foot health matters and therefore arrangements were made for Mr. T. T. Stamm, orthopaedic surgeon of Guy's Hospital, to address a meeting of medical officers and health visitors on this subject and to answer questions. Some sixty officers attended the meeting, all of whom found Mr. Stamm's information a source of tremendous help and encouragement.

(v) *Equipment.*—It has been important to equip the health education officer with adequate tools for his job and during the year the Council sanctioned the purchase of a new film projector. This is the latest 630 Bell Howell G.B. Model equipped for both optical and magnetic sound. This means that, in future, films made in the Health Department can be magnetically dubbed with a commentary to make them into sound films and other films in its possession which may grow out of date can be restriped with commentary to bring them up to date at small cost. The potential use of such a machine can be tremen-

dous—as one example will show—that of providing a visual aid to the health visitor teachers of ante-natal mothers. At different stages during a short course the film " A Tooth in Time " dealing with the importance of dental health education during pregnancy, " Nutrition in Pregnancy " and " Childbirth Without Fear " can be shown to the enormous benefit of the mothers attending. Since there are something like seventy classes running at one time and the turnover of these is about three courses a year, it can be readily seen that the projector could be almost fully engaged on this one aspect of health education alone.

It has also been thought important that the more individual teaching aids, particularly with reference to group teaching, should be assisted by the production of cheap and easily made colour slides. To this end a suitable camera has been purchased and it will shortly be possible to make colour slides on individual subjects in the different areas of the County to the immense benefit of area enthusiasm and area health education.

A Ferrograph tape recorder has also been purchased for the use of the health education officer. This is an instrument without which health education is incomplete, for by its use it is possible to record discussion for permanent reference and future play-back to other persons concerned. It is also a means of collating opinions expressed by members of the public and thus being used as an instrument of research in finding out the views that people hold on different subjects, for example that of cancer. Therefore, in the research project concerning smoking and lung cancer a tape recorder will be used in each of the schools and later the information collated and made into a report.

It is probable that as the scheme of health education gets more fully under way a store and workshop will be found to be of the greatest importance and it may be necessary at an early date to give consideration to this question.

(vi) *Films.*—During the year it was possible to obtain on extended free loan a copy of the film, " Nutrition in Pregnancy ". This film is most useful in helping with the education of mothers attending ante-natal classes and, being in colour, has been found to be particularly suitable for this work. In addition, a practical trial showed that another film, entitled " Childbirth Without Fear ", was very suitable for showing to the same ante-natal mothers at the conclusion of their weeks of instruction, and it is hoped to purchase a copy for regular use in the near future.

There are, of course, very many films which are used only once or twice and for this purpose films are hired from many agencies, although principally from the Central Film Library. Films shown during the year included " Childbirth without fear ", " Growing Girls ", " Nutrition in Pregnancy ", " A Brother for Susan ", " Inside Story ", " Your Children Walking ", " Your Children's Eyes", "Your Children's Ears", "A Tooth in Time", "Human Factor".

(vii) *Catalogue of health films.*—Although a small beginning has been made in building up a central departmental library of films in constant use, the great majority of films which will be needed will be hired, and the difficulty is bringing to the notice of all the health workers in the field details of the range of films on aspects of health available. To this end during the year the health education officer has been working to compile a catalogue of films from all sources considered particularly useful in health education. At the moment this catalogue includes some 300 films and its compilation and preparation

represents a considerable work. It is hoped that it will be ready for distribution early next year.

(viii) *Lectures.*—During the year the health education officer has experienced an increasing demand for lectures to organisations and it is clear that eventually this will form a great part of his work. Accordingly, a brochure has been prepared giving particulars of some twenty lectures which he will be prepared to give, most of which are illustrated by visual aids of one kind or another. This brochure will be distributed to the secretaries of all organisations and to schools in Middlesex during next year, so that there is every likelihood that the number of lectures given by him will substantially increase.

During the year he has lectured to two courses at the invitation of the London Council for Social Service.

(ix) *Polygraph.*—During the year the health education officer has been able to devise a new visual teaching aid. This consists in brief of a background of rigid vinyl plastic, which itself can be pinned or glued to another firmer background, for example, a blackboard, wall, or plywood and acts as a surface to receive the display material. The illustrative matter is then cut out in P.V.C. plasticised material of ·02 in. thickness, which will adhere to the background of vinyl plastic on impact. Such is the adherence factor that a two-pound weight has been attached to the visual material without disturbing its adhesion. This P.V.C. plasticised material can be obtained polished on both sides or on one side only, the other being a matt surface. It is therefore quite easy to stencil words or diagrams on the matt surface, the polished side having the adhering property when placed on the background.

The sheets of plastic are obtainable in all the colours of the rainbow and therefore a really colourful display of teaching material can be made. Furthermore, because polished plastic will adhere to itself, a display can be built up in consecutive layers, one layer being stripped off after reference has been made to it, revealing the other layer beneath. The ease, for example, with which the growth of the foetus in the womb can be illustrated by this means can be readily appreciated. Again, because of its self-adherence factor, it is impossible to lose pieces comprising the display when packed up, not to be used again for a little while. The plastic is finished with neat edges instead of the frayed edges which happen so often in the flannelgraph technique.

It will be realised that this apparatus offers many advantages over the old " flannelgraph " utilising felt cut-outs and is likely to extend enormously the scope of present methods of teaching and using visual aids of this nature.

(x) *Health visitor training course.*—The health education officer has been invited by the tutor to lecture on health education to the training course run by the County Council for health visitors and this provides him with a link with those shortly to undertake health visiting duties in the County. This offers a very valuable opportunity, particularly at that early stage in a health visitor's career when ideas and opinions on health education may be moulded and the way in which the health education officer can help her in the field explained.

(xi) *Television.*—Towards the end of the year the first schemes for school television were put out by both the B.B.C. and I.T.V. Although few schools in the County at the moment receive these programmes, it is probable that a time may come when such programmes will be received by many schools.

With this in mind the health education officer has made personal contact with a representative of I.T.V. to make suggestions with regard to programmes on health and to indicate the possibilities which Middlesex might be able to place at their disposal for future programmes. He has also had the opportunity to discuss with the head of B.B.C. Schools Television similar matters and to initiate a channel of communication for any future opportunities for liaison and programme help. These personal links will, it is hoped, bear fruit in future.

(xii) *Exhibitions.*—The health education officer has not been involved with any exhibitions during the year but a small beginning has been made in the building up of exhibition and display material, for there is little doubt that a well-planned exhibition is a means of bringing health education to a public which could not readily be reached by other means.

During next year there will be a gradual build-up of exhibition materials which it is hoped will be able to be displayed in various clinics in the County as a small beginning.

(xiii) *Diphtheria immunisation.*—A campaign was held throughout the County from 18th February to 16th March; this campaign included publicity material in the Middlesex Press, lectures and an intensive personal education programme by health visitors using display material throughout the clinics.

(xiv) *Keep Britain tidy campaign.*—The health service has once again co-operated in the above campaign and publicity material has been displayed throughout the County.

(xv) *Home safety.*—During the year the British Standards Institute produced an illustrated leaflet as an aid in the campaign of public education in an attempt to reduce the number of accidents caused by fires in the home. In all, 12,500 of these leaflets were distributed throughout the County.

The whole problem of home safety is indeed a problem of health education and much thought has been given during the year to ways and means of impressing the public with the importance of care in the home. The health education officer has included this subject in his lectures and has been invited by the London Council of Social Service to lecture on this topic to two of the courses which they have arranged. Plans are in hand for greater attention to be paid to this subject in the ensuing year.

(xvi) *Diabetics.*—During the year the health education officer, while lecturing to a branch of the Diabetic Association, was impressed in discussion afterwards that the health visitor could perform a most useful function in assisting diabetics who, because of their situation, were housebound. The field in which they could assist seemed to be in maintaining a link between the medical officer, the diabetic clinic and the patient, and in assisting the patient to understand the principles of food substitution and dietary planning. Accordingly, where such a scheme was not already in being, the usefulness of the health visitor for this work has been brought to the notice of medical liaison committees.

(xvii) *Liaison.*—During the year requests for information and assistance on matters of health education have been received from the Counties of Dorset and Leicester and it has been a pleasure to give what assistance was possible to these authorities. In addition, many requests for the advice or assistance of the health education officer have been received from outside bodies and

individuals, including one from a superintendent health visitor of another authority undertaking study for a health visitor's sister tutor certificate. Her examination for this certificate included oral examination in health education in the clinic and the health education officer was able to provide her with a lecture as the basis of her reply. Some months later she passed this examination, which she felt was in no small measure due to his help.

Closer liaison has also been achieved with the British Red Cross Society and St. John Ambulance Brigade, which should enable still greater use to be made of the services of these influential bodies in the field of health propaganda and education.

(xviii) *Grants.*—During the year a grant of £300 was made by the County Council to the Central Council for Health Education. This body is providing a useful service in the field of health education in the country at large and is thoroughly deserving of support.

Problem families.—Two special health visitors were appointed in Area 3 to assist with problem families. The first commenced duty in February and the second in April.

Shortly, the aims of the scheme are:—

(i) the prevention of the break-up of family life;

(ii) the prevention of child neglect;

(iii) to start the family thinking straight, the main object being to discourage short cuts to prosperity, whilst encouraging them to become a self-reliant unit ultimately able and content to depend on their own efforts in achieving this end.

At the close of the year some 70 cases had been dealt with, 12 of which were in serious straits and needed intensive help.

An encouraging start has been made in dealing with problem families in this area and it is already clear that the work is well worth while.

Consideration is also being given to an offer from the Family Service Unit to provide two part-time workers in Area 6, the County Council assisting the Unit by grant.

New Developments.—The scheme mentioned in the report for 1956 to provide an extension of the home help service to be used at the request of the Children's Department on the lines of the family help service operated in Kent is still under consideration. By avoiding taking children into care when for example the mother is ill at home or in hospital, not only is the family kept together but there results considerable financial saving. There are a number of practical difficulties in implementing such a plan but it is hoped to start an experimental scheme in one area during 1958.

The discussion which was taking place with the Middlesex Executive Council on the establishment of a special clinic for the elderly and mentioned in the last report was satisfactorily concluded. The Executive Council indicated that it would have no objection to the establishment of such a clinic for a trial period of one year. The need for a cautious approach in view of possible duplication of existing services was, however, emphasised.

The County Council approached the Minister of Health to obtain his views on an appropriate amendment of its proposals and an indication was given that there would be no objection provided the scheme was conducted

as an experiment, in preventive medicine, for one year. At the end of 1957 the County Council was considering the details of the proposed arrangements and the consequential application to modify its proposals.

It was envisaged that the function of the clinic, to be inaugurated in health area No. 10 would be to provide elderly people with facilities for consultation with medical officers, to provide periodical medical checks and to give advice on diet, clothing, exercise, social adjustment of family relationships and kindred matters. If medical or dental treatment is required it is intended that the patients shall be referred to their general medical or dental practitioner. It is not proposed to carry out any elaborate investigations on patients but it is felt that the health visitor service in conjunction with hospital geriatric departments could play an important role in the follow-up of patients.

Section 29

HOME HELPS

The total number of home help cases attended during the year was 13,700 —just over 500 more than the previous year, and the whole-time equivalent number of helps was greater by 10 (866·9). Here again, as with the Home Nursing Service, the great majority of the cases assisted are the aged and chronic sick.

Section 51

MENTAL HEALTH

THE ROYAL COMMISSION

The issue of the report of the Royal Commission on Mental Illness and Mental Deficiency in May, 1957, constituted a landmark of the first importance crystallising as it did new attitudes towards these problems which have been forming for some years and making practical proposals for the alteration of the existing law which, in the main, are much to be welcomed. The County Council in June, 1954, forwarded certain recommendations and suggestions to the County Councils Association for its consideration in the preparation of its memorandum to be submitted to the Royal Commission and several of them have been incorporated in the report of the Royal Commission.

COMMUNITY WORK UNDER THE NATIONAL HEALTH SERVICE ACTS

During the year the establishment of five psychiatric social workers in the County Health Department was increased to six, so that in the East Central Division there are now two psychiatric social workers. This additional provision should meet the increasing demand for this service locally, at least for the time being. The psychiatric social worker from the West Division left during the year to take up another appointment and it has not yet been possible to replace her. In all five divisions the psychiatric social workers' offices adjoin those of the mental welfare officers, and the close co-operation which this makes possible is very valuable to them both.

The independence with which the work has developed in the different areas has enabled it to be carried on along different lines in the various divisions; each psychiatric social worker making use of particular local facilities. It is interesting to compare that in one area as many as 70 per cent.

of the referrals came from hospital and its attached out-patient clinics, while in another area only about 20 per cent. came from the same source. This difference in source of referral is not reflected in the type of patient dealt with, though the presenting symptoms may differ.

The close liaison in the Hendon area with officers of the National Assistance Board which has now been established for several years continues. As a result of this work, psychiatric social workers in other divisions of Middlesex have more often been consulted by officers of the National Assistance Board.

Contact with other agencies has continued and apart from social agencies referrals come from friends, relatives, or patients themselves. Frequent discussions are held with other social workers about patients without necessarily seeing them. This is a most valuable development as it preserves continuity of relationship for the patient and keeps the psychiatric social worker's actual case load within manageable limits. A somewhat similar but more organised association has taken place in one area with a general practitioner.

Some of the work this year has had a more cosmopolitan flavour. As one of the psychiatric social workers is Hungarian speaking, at the request of the British Council for Aid to Refugees, help was given with some of their emotionally disturbed refugees. Another division had various requests from the International Council of Social Service for investigations of homes to which patients residing abroad should be discharged, and a considerable amount of casework was involved.

Patients have been referred to the Marlborough Day Hospital or the social clubs connected with the Institute of Social Psychiatry. The number who could benefit by this sort of treatment could be increased if it were geographically more accessible, and if there were not such a long waiting list. The social club run in the East Division in conjunction with Claybury Hospital continues to prove of value. Certain use has been made as in previous years of the Mental After-Care Association Homes, but the problem here is that vacancies of the type needed are not always available when required.

One great problem which remains all over the country is the lack of adequate provision for old people ready to be discharged from mental hospitals who have no home. This is part of the general problem of accommodation for the aged, but there is sometimes an understandable reluctance to take into homes those who have been patients in mental hospitals, particularly when the pressure for admission is so heavy from other sources.

An interesting development during the year has been weekly meetings between the representative of the Family Discussion Bureau and the psychiatric social workers which started in April, 1957. The original plan was to confine discussion to marital problems and perhaps to adopt the Family Discussion Bureau technique where the partners are seen by separate workers. The discussions have proved of great value in cases where work had already been started. In point of fact most of the cases do not come directly as marital problems but are cases of emotionally disturbed or mentally ill individuals who, of course, often have marital difficulties. The psychiatric social workers have learnt to recognise through these discussions that frequently referrals which are presented as emotional problems by one marriage partner are best dealt with by working with both partners and the relationship between them. This approach often helps both parties to mature emotionally and as they do

so each helps the other to fuller mental adjustment. Owing to geographical consideration and the heavy existing case loads it has rarely proved possible for the two marriage partners to be seen by separate workers. Through their discussions they have become more aware of the projections and interactions between husbands and wives and indeed between other members of the family. This increased awareness of something which is high-lighted in the marital situation has also proved of value in other cases involving different sorts of relationships.

COMMUNITY WORK UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890–1930

The statistics relating to cases dealt with under the Lunacy and Mental Treatment Acts during the year will be found on page 94. It is a great pleasure to report that Mr. Harry Evans, Divisional Mental Welfare Officer, of the West Central Division was awarded the M.B.E. in the Birthday Honours list for his work as a duly authorised officer in the mental health field.

COMMUNITY WORK UNDER THE MENTAL DEFICIENCY ACTS

(*a*) *Supervision in the home.*—There are 2,428 defectives under supervision in their own homes. Of these 1,965 are under " statutory supervision " and 463 under " voluntary supervision ". As before, all children under 10 years and all female cases have been visited by lady supervision officers, the rest of the work being undertaken by the mental welfare officers.

" School leavers " conferences concerning children about to leave special schools for educationally sub-normal children have continued, with the head-master, school doctor, youth employment officer and prospective supervising mental welfare officers, and the personal contact and consultation that is then made leads to all working more closely together. The mental health medical officers, who also attend, report that they consider the conferences to be of great value. Parents are invited to attend these conferences and are thus given an opportunity to obtain advice.

Owing to sickness throughout the year the mental welfare officers have been working under considerable strain, with the result that some cases did not get as much help from home visiting as was desirable. It is hoped that, in view of the appointment of several younger officers and additional appointments, improved supervision will be possible in the near future.

Referral of very young children continues, particularly in areas such as Hanworth, where it is possible to admit them to the special training school (care unit) earlier than is normally the case.

More time is being spent by the medical officers with parents of difficult children in the hope that by resolving some of the family difficulties, tension in the home will be eased, thus favourably influencing the child's behaviour. It is strongly felt that as the facilities improve in the community so does the demand for institutional care diminish.

(*b*) *Institutional care*

(i) *Permanent care.*—During the year, 132 patients were admitted to mental deficiency hospitals, and the improvement in the waiting list for institutional care has continued. 110 were added to the waiting list for such care. The majority of cases awaiting vacancies are young children who

have recently been placed on the waiting list, and thus the waiting period for a case of moderate urgency is rarely longer than 3–6 months.

The position is summarised in the table below:—

Cases awaiting admissions to institutions

December 31st	*Urgent*	*Non-urgent*	*Total*
1952	207	206	413
1953	149	212	361
1954	156	141	297
1955	36	125	161
1956	23	50	73
1957	30	34	64

(ii) *Short-term care.*—It was possible to arrange short-term care for 116 patients, 102 in regional hospital boards' institutions and the other 14 in private care. It is considered that this facility is invaluable in helping relatives to carry on with the onerous task of caring for and supervising the mentally handicapped. It gives them relief from the continuous care of the child and enables them to have a holiday period on their own. Furthermore, at times of stress, such as illness or a further pregnancy on the part of the mother, the family is relieved of additional strain that would be caused by a mental defective. All the hospitals under the North West Metropolitan Regional Hospital Board have been most co-operative in providing these vacancies and a certain number of vacancies have also been provided by the North East Metropolitan Regional Hospital Board.

(iii) *Residential Hostels for Industrial Training for High-grade Mental Defectives.*—In November, 1956, the Council submitted to the Minister of Health a modification of its proposals under Section 28 of the National Health Service Act, 1946, to enable it where appropriate to place mental defectives in hostels. This modification was proposed in view of the fact that the National Association for Mental Health proposed to open suitable hostels in the near future. The Minister of Health in February, 1957, approved the proposal authorising the County Council, where appropriate, to place mental defectives in hostels (whether provided directly with the approval of the Minister or through a voluntary society) without necessarily placing them under statutory supervision or guardianship under the Mental Deficiency Acts.

(*c*) *Guardianship.*—Throughout the year, reviews have been made of cases that have remained under guardianship for many years. In many cases, it is found that the original intention was to provide a monetary grant to relatives for the care of the patient. Since 1948, this duty has been undertaken by the National Assistance Boards for patients over the age of 16, and thus the object of continuing the Guardianship Order in these cases has been removed. In certain difficult cases, however, it is still necessary to provide a supplementary allowance and the Order has, therefore, been continued.

At the close of the year there were 256 cases under guardianship. During 1957, six patients were admitted to guardianship locally, and a further 11 patients were admitted through the agency of the Guardianship Society, Brighton.

(*d*) *Clinics.*—In addition to the four clinics already held, it has now been arranged that mental health clinic sessions will be held in Harrow, early in the new year.

(*e*) *Special training schools* (*occupation centres*) *and practical training centre* (*adult occupation centre*).

(i) *Existing schools and centre.*—Present schools and centre and particulars of places available at them are as follows:—

School	*Number of places*
Brentford	75
Hornsey	65
Hanworth	60
Special Care Unit	12
Hillingdon	80
Harrow	72
Willesden	30
Neasden	80
Enfield	30
Edmonton	65
Total	569

West Middlesex Practical Training Centre

Southall	60
Isleworth	35
Total	95

(ii) *Hanworth Special Care Unit.*—In April, 1957, a purpose built special care unit was opened at the Hanworth Special Training School. This unit which was opened as an experiment has already shown its great value and provides accommodation for 12–15 pupils.

While most of the children who have attended the unit are very low grade and capable only of receiving care and basic habit training, a few have shown a more complex picture. These latter children who appeared at first to be very low grade have, in fact, proved to be children of a higher intelligence than was suspected but with an overall performance and behaviour of a very low level because of maladjustment. The removal of these children from the home, during the day, greatly eased the emotional tension within the family circle and in such cases special guidance and help has been given to the families with remarkable improvement in the behaviour and performance of the children.

At a public meeting held on the 15th February, at St. Mary's Hall, Twickenham, County Councillor Mr. J. W. Barter, M.P., Chairman of the Mental Health Sub-Committee received, on behalf of the County Council, from the Twickenham and District Society for Mentally Handicapped Children a cheque for the sum of £800, being the Society's contribution towards the cost of the construction of the Special Care Unit.

(iii) *West Middlesex Practical Training Centre.*—In May, 1957, a 35-place practical training centre for adult male mental defectives was opened, as an annexe to the Southall Practical Training Centre, at the former day nursery premises, Acton Lodge, Isleworth, by Mr. J. Vaughan-Morgan, M.P., Parliamentary Secretary to the Ministry of Health.

The area served by the Southall Centre and the annexe at Isleworth now covers all districts west of the Edgware Road and the centre was re-named:—The West Middlesex Practical Training Centre.

The activities of the West Middlesex Practical Training Centre continued to progress and since the opening of the annexe at Acton Lodge have expanded considerably. Firewood chopping, woodwork, gardening, the assembling of cardboard boxes and packing of soap flakes, are the main activities undertaken. Profits made on these various activities are, as far as practicable, repaid to the boys in the form of monetary rewards. The standard of the work improves year by year and during 1957 four boys were found employment in local industry.

(iv) *Monetary Rewards*

(*a*) *Adult male defectives.*—The monetary reward scheme in operation at the West Middlesex Practical Training Centre has proved to be most successful and provides a great incentive to the boys, who are paid amounts varying from 1*s.* 6*d.* to 7*s.* 6*d.* per week according to ability, diligence and application to the job. During 1957 the maximum payment was raised from 5*s.* to 7*s.* 6*d.* per week.

(*b*) *Adult female defectives.*—A limited number of female high grade defective girls who are capable of carrying out simple domestic duties continue to be admitted as orderlies at special training schools. These girls receive amounts ranging from 7*s.* 6*d.* to 15*s.* per week according to their capabilities, &c.

(v) *Provision of meals.*—Mid-day meals at special training schools and the practical training centre are provided as follows:—

Meals cooked on premises	*School meals*
Edmonton.	Enfield.
Neasden.	Hornsey.
Harrow.	Willesden.
Brentford.	Hillingdon.
Hanworth.	
West Middlesex Practical Training Centre (Southall and Isleworth).	

(vi) *Transport.*—The great majority of patients attending the special training schools and practical training centre are transported to and from various picking up points within a reasonable distance of their home addresses. Transport for children attending the Enfield Special Training School is provided through the Divisional Education Executive for Enfield, which also provides transport for certain children attending the Edmonton Special Training School.

(vii) *Holiday camp.*—Arrangements were made for a party of 107 children from the County Council's special training schools to attend the

St. Mary's Bay Holiday Camp, New Romney, Kent, from the 23rd August to 6th September, 1957, and a party of older boys from the practical training centre attended the camp from the 7th to the 18th June, 1957. One escort was provided for every eight children attending the camp and Dr. Fidler, senior medical officer, accompanied the younger children and Dr. Bennett, principal medical officer, attended the camp with the older lads. This is the seventh consecutive year that such holidays have been arranged and I understand from all concerned that they are greatly appreciated by the children and their parents.

The Middlesex Society for Mentally Handicapped Children very kindly provided the services of a laundress at the children's camp. It will be appreciated that many children at the holiday camp are incontinent and the services of the laundress were, therefore, invaluable. Her presence allowed the staff to devote more time to ensuring the happiness and well-being of the children.

(viii) *Wolf Cub Packs and Girl Guide Companies.*—Boys from the Neasden and Willesden Special Training Schools continue to attend weekly meetings of their respective wolf cub packs and in 1957 arrangements were made for a number of girls from the Willesden school to attend weekly meetings of a local girl guide company.

(ix) *Visit to special training schools.*—On the 4th April, 1957, the then Minister of Health, the Rt. Hon. Dennis Vosper, M.P., visited the Hanworth and Brentford Special Training Schools and the West Middlesex Practical Training Centre, Southall. The Minister's keen interest was greatly appreciated by the staff.

(x) *Staffing at special training schools.*—Prior to May, 1957, the establishments of special training schools were based on suggestions contained in Ministry of Health circular 91/49 (approved by the County Council on the 2nd January, 1952), which allowed for the appointment of supervisors and assistant supervisors with the proviso that, where appropriate, trainees may be appointed in lieu of assistant supervisors. In July, 1956, the Minister of Health advised that in order to maintain an adequate establishment of teaching staff, notwithstanding wastage through retirements and resignations, trainees at special training schools should be regarded as additional to the scale of staffing suggested by him previously. The County Council subsequently agreed that the number of trainees permitted at special training schools should be a total of eight and authorised the appointment of three additional trainees and five assistant supervisors in place of the five trainees who became supernumerary to the establishment.

It is too early for the effect of this slight increase in staffing at the various special training schools to be assessed but it is hoped that it may be possible to provide smaller teaching groups with more individual attention.

(xi) *Appointment of training officer.*—In May, 1957, the County Council also decided to appoint a training officer to carry out a scheme for the training of Trainees and other staff, and it is anticipated that he will commence his duties on the 1st January, 1958.

(xii) *Future projects*

(*a*) The Minister of Health has indicated that he is prepared to approve the following projects:—

1. The setting up of a 120-place special training school at a former preparatory school in Waverley Road, Enfield. This special training school will replace the existing Edmonton and Enfield special training schools which are, at present, housed in Church halls. It is hoped that this new school will be ready for occupation at the beginning of the Autumn term 1958.

2. The erection of an 80-place purpose built special training school in Isleworth to replace the existing school at Brentford. The existing school at Brentford is also housed in a Church hall.

3. The provision of a practical training centre for high-grade female adult defectives at " Moorcroft," Harlington Road, Hillingdon. The girls admitted to this centre would be given assembly and other light industrial work, and receive monetary rewards commensurate with their abilities. This centre would be run on similar lines to the existing West Middlesex Practical Training Centre.

(*b*) Further consideration is being given to the following projects :—

1. The provision, as soon as premises become available, of a practical training centre in the eastern part of the county. The County Council has still been unsuccessful in obtaining a suitable site, or premises, in the eastern part of the county, even though many sites and properties have been inspected with a view to investigating their suitability for a centre of this type. It is hoped that negotiations which are now being carried out will prove successful. It is, of course, appreciated that there is a great need for the provision of a practical training centre in the eastern part of the county and as an interim measure consideration is being given to other means of housing the boys on the waiting list.

2. The erection of a Special Care Unit in the grounds of the Hillingdon Special Training School to accommodate approximately 12–15 low-grade and difficult children.

CIVIL DEFENCE AMBULANCE SERVICE

In time of emergency the Civil Defence Ambulance Section would be integrated with the regular ambulance service to form an expanded Civil Defence Emergency Ambulance Service and the Fire Service would be nationalised. Although the peace-time administration of the regular ambulance service is the responsibility of the Chief Officer of the Fire and Ambulance Service, the County Medical Officer of Health has been designated the officer in charge of the ambulance service which the County Council is required to provide in the exercise of its civil defence powers. The officer responsible to the County Medical Officer for the immediate management of the Civil Defence Ambulance Service is the Senior Ambulance Officer, Mr. F. Hannan, who has prepared the following report upon the progress of the service during the year under review:—

" The numbers of section volunteers were frequently reviewed by sub-divisional officers who removed from the strength non-active members. This pruning of figures, which continued throughout the year, afforded opportunity for house-to-house canvassing for new members by county recruiting officers.

As a result of their successful efforts many fresh recruits were enrolled into the section. With an authorised establishment of 2,898 the section strength was raised from 2,564 in January, 1957, to 2,795 in December. The latter figure is realistic because it excludes several hundred non-active volunteers who would otherwise inflate strength returns.

Rearrangement of the training syllabus to include practical periods in which members can participate actively between lectures has sustained the interest of members in ambulance training classes of which there were 1,400 held during the year.

The number of drivers joining the section increased during the year as a result of invitations sent out to qualified drivers with reminders for their driving licences. Practical experience in driving civil defence ambulances has been continued for qualified drivers.

A scheme which was introduced to afford opportunity for civil defence ambulance volunteers to obtain practical experience at ambulance depots alongside the regular personnel of the ambulance service has proved helpful in sustaining the interest of volunteers in their training.

There are now 34 civil defence training ambulances in use by the section and some of these were replaced by wider vehicles which can now take four stretcher cases. In addition a start has been made on equipping vehicles for casualty collecting parties.

Local exercises at sub-divisional level and several combined exercises embracing groups of sub-divisions were held during which volunteers gained practical experience in operational duties and working alongside members of other sections. Convoy exercises and a large scale week-end divisional exercise in which the ambulance section participated at the R.A.F. Station, Halton were highly successful.

The annual competition for volunteers in the ambulance and casualty collecting section is now an established and welcome event for members of the section. This year's competition was designed in the form of an exercise to test a casualty collecting party of seven and an ambulance crew in the tasks which might be encountered in action.

Winners of the annual competition for 1957 were:—

(*a*) The Sarpea Trophy awarded to the team which displayed the highest all-round ability—WOOD GREEN.

(*b*) The Wauthier Cup for driving skill, knowledge of routes to hospitals and quick turn round of vehicle—WOOD GREEN.

(*c*) The Harvey Cup for diagnosis of injuries and efficient first-aid —ACTON.

(*d*) The Southgate Cup for general ability in casualty collecting and ambulance loading—WOOD GREEN.

In addition small mementoes of the occasion were presented to the winners and runners-up.

Members of the section gave an excellent display alongside members of other sections at a civil defence display which was held at Wembley Fire Headquarters during September.

Several of the volunteers who have held provisional appointments as deputy shift leaders, shift leaders or station officers have proved themselves

worthy of consideration for advancement. Accordingly, action was taken towards the end of the year to provide opportunity for advancement of suitable persons to provisional appointments as superintendents and deputy superintendents."

PUBLIC HEALTH ACT, 1936

Nursing Homes

The County Council is the Authority responsible for the registration and supervision of nursing homes throughout the County, with the exception of the Borough of Ealing. Approximately 165 routine visits were paid by the authorised inspectors of the area health staffs, and in addition eleven special visits were made by one of the principal medical officers.

Two new registrations were approved during the year and six homes were discontinued, leaving 47 homes on the register at the end of the year. There were 37 beds specifically approved for maternity cases.

NATIONAL ASSISTANCE ACT, 1948

Old Persons Homes

Nearly 80 visits were paid by area health staffs to residential homes in the County provided by the Council under Part III of the Act.

NURSES AGENCIES ACT, 1957

Nurses' Agencies

There were six nurses' agencies registered with the County Council in 1957. Four visits of inspection with the appropriate Chief Inspector from the Public Control Department were made. No irregularities were discovered, all being well conducted.

TRAINING OF B.O.A.C. STEWARDESSES

The County Council has continued to give assistance to the B.O.A.C. in the training of its stewardesses. During the year the Corporation changed its policy and mothers travelling are now required to look after their own babies. It was therefore not considered necessary for the stewardesses to receive such detailed instruction as before in infant feeding, but it was felt that they should attend a day nursery for a short period to obtain insight into the handling of the toddler, including feeding and occupation. It was agreed that the stewardesses should attend a day nursery for a morning session only during which time they attend a lecture on child welfare and see the portioning and service of meals to young children.

INSPECTION AND SUPERVISION OF FOOD

MILK PRODUCTION AND DISTRIBUTION

The Milk (Special Designation) (Specified Areas) Order, 1951, made under Section 23 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, specified, as from the 1st October, 1951, the Administrative County of Middlesex as an area within which all milk sold by retail for human consumption

(other than catering sales), must be specially designated milk, i.e., sterilised, pasteurised, tuberculin tested or accredited milk from a single herd.

Producers' licences to use the special designation " Accredited " expired on 30th September, 1954, and were not thereafter renewable. Accordingly the use of the special designation " Accredited " is no longer permitted and only sterilised, pasteurised or tuberculin tested milk can now be retailed in Middlesex.

At the end of 1957, 84 farmers and farms were registered with the Middlesex Agricultural Executive Committee under the Milk and Dairies Regulations, 1949. Fourteen " Tuberculin Tested " milk licences were issued or renewed during the year, making a total of 68 in operation at 31st December, 1957. All the herds belonging to holders of " Tuberculin Tested " licences were also attested under the scheme of the Ministry of Agriculture, Fisheries and Food.

In accordance with the Milk (Special Designations) (Raw Milk) Regulations, 1949, no application to use the designation " Tuberculin Tested " has been granted since 30th September, 1954, unless the herd was registered as an attested herd with the Ministry of Agriculture, Fisheries and Food.

Thirty licences were issued by the County Council during the year under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949–1953. Four licensees discontinued processing during the year.

Local authorities still retain powers connected with milk production in so far as they relate to diseases communicable to man. An important aspect of this work which is carried out by the County Council is the sampling of milk with a view to examination for the presence of tubercle bacilli. Samples of milk are taken by inspectors of the Public Control Department either in course of retail or at the farms of origin, when these are situated in Middlesex, and submitted to examination in the pathological laboratory of Harefield Hospital. The following table shows the results which have been obtained for each of the last 10 years:—

Year.	Number of samples for which a definite result was obtained.	Number containing living tubercle bacilli.	Percentage of tubercle infected milk.
(1)	(2)	(3)	(4)
1948	384	12	3·1
1949	384	3	0·7
1950	384	3	0·7
1951	384	3	0·7
1952	385	3	0·7
1953	384	7	1·8
1954	384	7	1·8
1955	384	4	1·0
1956	364	3	0·8
1957	373	4	1·0

Of the four infected milk samples shown in the above table, two were produced at farms in Middlesex where two cows were traced and slaughtered under the Tuberculosis Order, 1938. Of the other two positive samples, one was from a farm in Hertfordshire, where an infected cow was traced and slaughtered under the Order. The remaining sample was from a farm in Buckinghamshire.

The routine veterinary inspection of Middlesex herds is carried out by the Ministry of Agriculture. The Divisional Inspector of the Ministry furnishes the County Council with information as to the results of veterinary inspections and tuberculin tests of Middlesex herds. The figures for the past six years are set out in the table below:—

Year.	Number of clinical examinations of bovine animals.	Number found in which tuberculosis was suspected.	Number slaughtered.	Number in which diagnosis was not confirmed.
(1)	(2)	(3)	(4)	(5)
1952	4,038	2	2	—
1953	2,922	3	3	—
1954	3,129	7	5	2
1955	4,204	4	4	—
1956	3,825	4	4	—
1957	2,798	2	2	—

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949–1953.—The sampling of milk under the above regulations is in the hands of the Public Control Department of the County Council. The following table sets out the results obtained from samples taken during the period 1st January to 31st December, 1957:—

Description.	Passed.	Failed.	No test applied.	Number examined.
(1)	(2)	(3)	(4)	(5)
Pasteurised and tuberculin tested pasteurised—				
Phosphatase test	877	3	—	880
Methylene blue test	696	4	180	
Sterilised—				
Turbidity test	82	—	—	82
		Total		962

SALE OF FOOD AND DRUGS

The Acts and Regulations governing the conditions of sale and quality of food and drugs are administered by the Public Control Department of the County Council to whose Chief Officer, Mr. J. A. O'Keefe, B.Sc.(Econ.), LL.B., Barrister-at-Law, I am indebted for the following account of the work of his department.

Food and Drugs Act, 1955.—During the year ended 31st December, 1957, tests were made of 8,877 articles of food and drugs, of which 591 were unsatisfactory. These figures include 3,198 samples of milk, of which 282 were unsatisfactory. Nearly half of these milk samples were taken from deliveries consigned by farmers to collecting depots and, of these, 241 were not up to the presumptive standard of composition for this food. In almost all cases this was due to milk of low quality being given by herds of cows and not to any human element.

During the year the total number of summonses issued for offences under the Food and Drugs Act, 1955, was 81. There were two summonses in respect of milk to which water had been added, three in relation to bottles of milk containing glass splinters and one for a bottle of milk which contained a ball of wrapping foil. There were 64 prosecutions in respect of natural foods which were misdescribed as to variety; two of these related to fish, two to apples, 46 to pears, four to Victoria plums and 10 to liver. The false descriptions encountered were similar to those met in previous years; Packham Triumph, Winter Nelis and Dr. Jules pears were described as "Williams," Ponds Seedling and Giant Prune plums as " Victorias ", ox liver and pigs' liver as either lambs' liver or calves' liver, and cod described as haddock.

There was one prosecution in respect of chipped potatoes which contained a portion of a cigarette, three in respect of cakes which were described as containing cream but which were filled with imitation cream, one in respect of ice cream which was wrongly described as containing new laid eggs, two in relation to sweets which were composed mainly of maize starch and contained no almond but were described as " Marzipan Fruits " and three in respect of non-brewed condiment sold as vinegar.

The fines and costs awarded totalled £457 2*s.* 6*d.*

In addition to the more serious infringements referred to above there were 75 cases where the County Council sent a special letter of caution to the alleged offenders and, in addition, warnings were issued from the Department in a number of cases.

Merchandise Marks Acts, 1887–1953.—During the year inspections were made at 4,183 premises to ensure compliance with the above Acts and, in particular, with the Orders made under the Merchandise Marks Act, 1926, which require certain imported foods to be marked with a prescribed indication of origin. 17,627 displays of controlled foods were examined and 266 summonses were issued in respect of the more serious infringements detected. Of this number 252 related to imported meat and offal not marked as required, and the remaining 14 prosecutions related to apples, tomatoes, poultry, &c. The total fines and costs imposed amounted to £839 14*s.* 11*d.* Twenty-nine official cautions were sent for less serious infringements.

During the year infringements were detected in relation to tins of plums labelled as containing " Victoria Plums " whereas the food was Giant Prune plums. Concurrent investigations into this particular brand of food were carried out by a number of other food and drugs authorities in the country and the infringements detected were finally dealt with by proceedings being instituted against the canners concerned by the Essex County Council. A fuller report on this matter will be found in the report of the General Purposes Committee submitted to the County Council at its meeting on 26th February, 1958.

Labelling of Food Order, 1953.—At 3,308 premises 16,135 articles of prepacked food were examined to see that they bore a label which gave a clear statement of the designation of the food and, in the case of compound foods, the ingredients, and also the name and address of the packer or labeller. No infringements were detected of a nature sufficiently serious to warrant a report being made to the Council.

False or Misleading Descriptions.—As in previous years a considerable amount of work has been done in the detailed scrutiny of advertisements and the labels on pre-packed foods, and taking suitable action in those cases where a label or advertisement contains a false or misleading description of the food to which it relates. This work is of benefit to the whole County irrespective of where within the County offences may be detected. During the year under review corrective action has been secured in respect of salmon with potato salad, crystallized jelly pineapple slices, pure egg mundelech, cherry juice, lemon juice, imitation cream, cream filled biscuits, cream filled Easter eggs, and cheese. In every case the person responsible agreed to make necessary suitable amendments to labels as a result of my representation. In no case was it necessary to institute proceedings.

MAIN DRAINAGE SERVICES IN 1957

I am indebted to Mr. C. B. Townend, *C.B.E.*, B.Sc., M.Inst.C.E., Chief Engineer of the Main Drainage Department, for the following account of the main drainage services provided by the County Council during 1957.

Since the Main Drainage Services were last referred to in 1951, the most notable change has been the gradual construction of the works and sewers to serve the East Middlesex area, culminating in the inauguration of the first stage of the undertaking by The Right Honourable Henry Brooke, M.P., Minister of Housing and Local Government, on 2nd October 1957.

The position of the County Council's undertakings in 1957 was as follows:—

East Middlesex Undertaking

Under the Middlesex County Council Act, 1938, the County Council is responsible for the reception and disposal of sewage from a drainage district of 95 square miles, one half of which extends beyond the County boundary into Essex and Hertfordshire. The area to be served includes (wholly or in part) the following 14 authorities:—

In the County of Middlesex:—

Edmonton Borough Council.
Enfield Borough Council.
Finchley Borough Council.
Hornsey Borough Council (part only).
Southgate Borough Council.
Tottenham Borough Council.
Wood Green Borough Council.
Friern Barnet Urban District Council.

In the County of Essex:—

Chingford Borough Council.
Waltham Holy Cross Urban District Council.

In the County of Hertford:—

Barnet Urban District Council (except Rowley parish).
Cheshunt Urban District Council.
East Barnet Urban District Council.
Hatfield Rural District Council (Northaw parish only).

The Act provided for the construction of approximately 24 miles of trunk sewers to convey the sewage from the districts of the constituent authorities to a central sewage treatment plant to be established at Edmonton, and for the disposal of sludge on a site at Rammey Marsh in the Borough of Enfield. On the completion of the scheme 11 works belonging to the several constituent authorities would cease to be used for the treatment of sewage, and the sites would be available for any purpose the local authorities might determine.

By agreement with the Edmonton Corporation the County Council acquired the site of the Corporation's existing sewage works and adjoining land, totalling 188 acres, for the new central works to be known as Deephams.

Because of the war and subsequent post-war restrictions on capital expenditure, the construction of the undertaking was severely delayed and not until 1954 did the Ministry of Housing and Local Government finally agree in principle to a programme by which the works should be substantially completed by 1961.

The sewage purification plant is being designed to give complete treatment to up to 150 gallons per head for the whole of the population served, and partial treatment in stormwater tanks to all flows received in excess of that volume. The dry weather flow in the early years will be about 35 million gallons per day rising to about 170 million gallons in wet weather. There will be no stormwater relief overflow discharging direct to a watercourse. Preliminary treatment will be followed by sedimentation and biological purification by the activated sludge process using compressed air, the final effluent discharging into the Salmon's Brook and thence to the River Lee.

The separated impurities in the form of sludge will first be treated by anaerobic digestion before being pumped $3\frac{1}{2}$ miles for air drying on the 116-acre site at Rammey Marsh. This site will be isolated from the surrounding area by an impervious puddle wall keyed into the London clay to prevent any risk of contamination of the sub-soil water in the adjacent gravel, thereby protecting water abstraction in this part of the Lee Catchment area.

By 1957 nine miles of main trunk sewers had been completed, and approximately one quarter of the new sewage disposal plant. The first diversion of sewage from the constituent authorities took place on 8th July, 1957, when excess flows from the Brimsdown area of Enfield passed via the Lee Valley Low Level Sewer to the Deephams Works. On 19th September, 1957, the Cheshunt Sewage Works was connected to the system and the old plant closed down.

The first section of the new plant was brought into operation in August, 1957, and is being used to relieve the overloaded works of Chingford, Southgate and Edmonton, and Enfield, and to take the whole of the flow from the Cheshunt Sewage Works. Flows up to the capacity of the plant so far completed are now being treated.

Pending completion of the undertaking, the remaining nine works are continuing to be operated by the local authorities concerned, the cost being borne by the special county rate for the East Middlesex area. These works are very over-loaded and the local authorities concerned are to be commended for the manner in which they continue to run the works under difficult conditions.

The following general statistics relate to the combined East Middlesex district:—

Area of drainage district	95 sq. miles.
Population of drainage district:—	
Authorisation of scheme, 1938	677,000
Census, 1951	724,000
Estimated, 1957	711,000
Potential	800,000
Rateable value, 1957	£11,464,000
Product of 1*d.* rate, 1957	£47,000

Capital expenditure:—

	Sewers	*Works*	*Total*
	£	£	£
To March, 1957	1,151,600	1,151,400	2,203,000
Authorised by County Council at March, 1957	3,600,000	3,850,000	7,450,000
Parliamentary estimate (1956) to cover complete scheme	—	—	9,500,000

Annual cost, including loan charges expressed as a rate charge, 1957	$9\frac{1}{2}d.$
Cost per head per week, 1957	3*d.*
Main sewers (ultimate)—	
Total length	24 miles
Diameters	1 ft. 3 in. to 6 ft. 9 in.
Total discharging capacity, based on design population	192,000,000 gallons per day
Sewage flow, dry weather, estimated at completion of scheme	32,000,000 „ „

West Middlesex Undertaking

In 1950 the County Council agreed in principle to receive into the West Middlesex System for treatment at the Mogden Works the sewage from the Denham, Wraysbury, and Horton areas of the Eton Rural District Council in the County of Buckinghamshire serving a population of about 10,000. Following the construction of the local sewers by the district authority, the first diversion was made to the County system in 1955 when the Denham Parish having a population of 5,000 was connected.

During 1957 the works of the Hogsmill Valley Joint Sewerage Board at Surbiton in Surrey were completed and the temporary arrangements operating since 1948 for dealing with the flow of the Borough of Kingston-on-Thames by the West Middlesex undertaking were terminated. The Kingston flows were diverted to the new works by January, 1958, and the population load on the Mogden Works in consequence was reduced by about 40,000.

In January, 1957, the County Council approved in principle the reception of sewage into the West Middlesex system from the Borough of Acton, which is at present served by the London County Council system. A new sewer will have to be constructed to convey the flow from Acton to link up the County trunk sewers, and it is not expected that diversion will take place for two or three years. The population load on the Mogden Works will then be increased by 70,000.

The period from 1949 onwards was notable for the effect on the treatment works of the increasing use of synthetic detergents for domestic and industrial purposes, causing a considerable drop in the performance of the biological purification plant with almost complete loss of nitrification and with increasing nuisance from foam. After several years of research and experimental work, certain remedial measures were developed against foam which have overcome this nuisance, although at some considerable expense.

In 1953 the Ministry of Housing and Local Government set up a Committee " to examine and report on the use of synthetic detergents and to make any recommendations that seem desirable with particular reference to the functioning of the public health services ". The Chief Engineer of the Main Drainage Department was appointed a member of this Committee and visited America in 1954 on behalf of the Ministry to confer with authorities in all parts of that country on this common problem.

The Main Drainage Department collaborated very closely with the Ministry Committee in carrying out investigations into the problem, and so far as the Mogden Works is concerned the conclusions reached were (*a*) that with present day sewage containing synthetic detergents approximately 25 per cent. more plant is required to achieve the same standard of effluent as formerly; (*b*) that foam can be kept completely under control when the plant is operating with a well oxidised activated sludge; (*c*) that the removal of synthetic detergents from the effluent passing to the river is increased from 30 per cent. to over 50 per cent. by this means. While such findings have made some contribution to the advance in the technique of handling a difficult situation, the main problems resulting from synthetic detergents, from a national point of view, still remain. In particular, regardless of the considerable additional capital expenditure needed to overcome the reduction of purification plant efficiency (at least £600,000 in the case of the Mogden Works alone), the detergent materials at present used are incapable of complete removal by bio-chemical oxidation and a large proportion passes forward unchanged into the rivers; this may cause widespread foam nuisance particularly below weirs, may be a possible danger to fish life, and can result in increased difficulties where water supplies are concerned.

The importance of the problem from the aspect of public health has been recognised, and a permanent National Committee has been set up to watch the situation and to investigate remedial measures.

Under the very difficult conditions obtaining at Mogden Works it has been no longer possible to deal with the whole of the flow received, and a proportion has had to be by-passed to the storm water tanks and spilled direct to the river after only partial treatment by sedimentation.

A considerable programme of works extensions and improvements was agreed in 1951 to relieve the serious condition of the works, but was delayed by the National economic situation and other difficulties. Because of the steadily deteriorating conditions, an amended programme was approved by the Ministry in 1956 at a total cost of £1,182,000. This work is due for completion at the end of 1959.

Statistics relating to the West Middlesex Undertaking are set out below:—

Area of Drainage District	162 sq. miles
Population of drainage district	
Authorisation of scheme, 1931	780,000
At date of commencement of operation, 1935	1,000,000
Estimated 1957	1,350,000
Rateable value, 1957	£25,000,000
Product of 1*d.* rate, 1957	£102,000
Capital expenditure (approximate):—	
Sewers	£3,250,000
Purification works	£2,100,000
Miscellaneous	£250,000
	£5,600,000
Annual cost including loan charges (expressed as a rate charge), 1957	6*d.*
Cost per head per week, 1957	2*d.*
Main sewers:—	
Total length	70 miles
Diameters	2 ft. to 12 ft. 9 in.
Total discharging capacity, gallons per day	600,000,000
Sewage flows (approximate):—	
Dry weather, gallons per day	70,000,000
Average, gallons per day	87,000,000

REFUSE DUMPS

Under Section 222 of the Middlesex County Council Act, 1944, the tipping of refuse by private persons or by a local authority other than the authority in whose district the site is located, requires the consent of the County Council as well as that of the Local Sanitary Authority. In addition, of course, planning permission under the Town and Country Planning Acts, 1947–54 is required.

Discussions have been going on for some years between the Sand and Gravel Association of Great Britain, the County Council and County District Councils with a view to obtaining agreement to a standard set of general conditions, acceptable to all parties, for attachment to consents issued by the County Council and the District Councils in respect of the deposit of refuse in gravel pits. It is unfortunate that in spite of protracted negotiations it has not yet been possible to reach agreement on a set of conditions which is acceptable to all the District Councils in Middlesex, although the most recent draft was approved by a substantial majority.

VISITORS

The increasing interest being shown in the special training schools and practical training centres provided for mental defectives which was mentioned in last year's report has continued, visitors to these establishments including the Minister of Health and a party of members and officers of the Brighton Corporation; but the Tottenham rehabilitation and sheltered workshop for tuberculous men continued to be the main attraction, particularly to overseas visitors.

Visitors from overseas came from Burma, British Columbia, East Germany, Eire, Holland, Hong Kong, Indonesia, Jamaica, Japan, Lebanon, New Zealand, Nigeria, Philippines, South Africa, Sweden and Turkey. Among British visitors were members of the staff of the Ministry of Labour, London County Council and delegates to the Annual Conference of the National Association for Maternity and Child Welfare.

APPENDIX

STAFF

County Medical Officer of Health and Principal School Medical Officer:

A. C. T. Perkins, *M.C.*, M.D., B.S., D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:

G. S. Wigley, M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officers:

Mental Health Service . .	P. A. Bennett, M.B., Ch.B.
Care and After Care Service	J. F. Macgregor, L.R.C.P., L.R.C.S., D.P.H.
School Health Service . .	Mrs. E. J. Madeley, M.B., Ch.B., D.P.H., D.M.R. & E.
Maternity and Child Welfare Service	Miss D. Taylor, M.A., M.B., B.S., L.R.C.P., M.R.C.S., D.P.H.

These are the primary duties of the Principal Medical Officers but they carry out other duties including deputising for one another.

Chest Physicians:

(Joint appointments by County Council and Regional Hospital Boards.)

P. E. Baldry, M.B., B.S., M.R.C.P.
Miss B. A. Butterworth, M.B., M.R.C.P., M.R.C.S.
J. Vernon Davies, M.D., M.B., B.S., M.R.C.P.
R. Heller, M.D.
H. Climie, M.D., Ch.B., D.P.H.
T. A. C. McQuiston, M.D., M.B., D.P.H.
R. Grenville-Mathers, M.A., M.D., M.R.C.P., F.R.F.P.S.
J. T. Nicol-Roe, M.D., Ch.B., D.P.H.
C. H. C. Toussaint, M.R.C.S., L.R.C.P., D.P.H.
H. J. Trenchard, M.B., Ch.B., M.R.C.P., D.M.R.(D.).

Chief Dental Officer and Principal School Dental Officer:

J. V. Bingay, *M.B.E.*, L.D.S.R.C.S.

Senior Medical Officer—Mental Health:

Miss R. D. Fidler, M.R.C.S., L.R.C.P. D.P.H.

Senior Medical Officer—London Airport:

W. A. Bullen, L.R.C.P., L.R.C.S., L.M., D.T.M., D.T.H.

Special Services Almoners:

Miss D. Myer.	
Miss I. B. Munro (Assistant Almoner)	Resigned 31.10.57.
Mrs. M. E. Seager . .	Part-time, appointed 8.4.57.
Mrs. R. M. Cass	Part-time, appointed 11.12.57.

Rehabilitation Workshops—Tottenham:

Supervisor/Instructor—W. R. Osment

Mother and Baby Homes:

Amherst Lodge, Ealing.—Matron—Mrs. E. M. Craddock, S.R.N.

Belle Vue, Willesden.—Matron—Miss M. M. Fraser, S.R.N., S.C.M. (Appointed 1.9.57.)

Guilford House, Friern Barnet.—Matron—Miss W. M. Byford, S.R.N., S.C.M. (Opened 9.9.57.) (Transferred from Belle Vue.)

Red Gables, Hornsey.—Matron—Miss M. K. Hopkins, S.R.N.

Area	*Area Medical Officers:*	*Area Dental Officers:*
No. 1	W. D. Hyde, M.B., Ch.B., D.P.H. D. Regan, B.A., B.Sc., M.B., Ch.B., D.P.H. (Retired 1.6.57)	E. Underhill, L.D.S.R.C.S.
No. 2	W. C. Harvey, M.D., D.P.H.	G. S. Williams, L.D.S.R.C.S.
No. 3	G. Hamilton Hogben, M.R.C.S., D.P.H.	V. Sainty, L.D.S.R.C.S.
No. 4	Miss K. M. Bodkin, M.R.C.S., L.R.C.P., D.P.H.	K. C. B. Webster, L.D.S.R.C.S.
No. 5	Caryl Thomas, M.D., B.Sc., D.P.H., Barrister-at-Law.	A. G. Brown, L.D.S.R.C.S.
No. 6	E. Grundy, M.D., D.P.H. S. Leff, M.D., D.P.H., Barrister-at-Law.	Mrs. A. B. Perkins, L.D.S.R.F.P.S.(Glas.). Resigned 30.4.57. Miss W. Hunt, L.D.S.R.F.P.S. (Glas.). Appointed 17.6.57.
No. 7	W. G. Booth, M.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. G. E. B. Payne, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	L. C. Mandeville, L.D.S.R.C.S.
No. 8	O. C. Dobson, M.D., D.P.H., D.P.A., Barrister-at-Law.	G. M. Davie, L.D.S.R.F.P.S. (Glas.).
No. 9	A. Anderson, M.D., D.P.H.	O. H. Norman, L.D.S.R.C.S., B.D.S.
No. 10	J. Maddison, M.D., B.S., D.P.H.	O. H. Minton, L.D.S. U.Brist.

County Council Establishments of:—

Area Medical Officers	10
Deputy Area Medical Officers	10
Senior Assistant Medical Officers	11
Assistant Medical Officers	86
Senior Airport Medical Officer	1
Airport Medical Officers	5
Airport Nurses	7
Airport Clerk/Receptionists	11
Area Dental Officers	10
Orthodontists	13
Dental Officers	96
Dental Attendants	132
Area Superintendent of Home Nurses and Non-Medical Supervisor of Midwives	10

Nurses Home Superintendents	1
District Midwives	150
Home Nurses	310
Area Superintendent Health Visitors	10
Health Visitors and School Nurses	355
Tuberculosis Visitors	44
Home Help Organisers	10
Assistant Home Help Organisers	17
Home Helps	1,250
Chest Clinic Welfare Officers	10
Chest Clinic Assistant Welfare Officers	6½
Psychiatric Social Workers	6
Mental Welfare Officers	26
Lady Supervision Officers	4
Special Training School Supervisors	9
Special Training School Assistant Supervisors	31
Practical Training Centre Supervisor/Instructor	1
Practical Training Centre Deputy Supervisor/Instructor	1
Practical Training Centre Assistant Instructor	7

Statistical Tables

Table I
Acreage and Population

Boroughs and Urban Districts.	Acreage. (*a*)	Census population. (*b*)			Registrar General's estimated home population, June, 1957	Number of separately rated dwellings, 1st April, 1957	Average number of persons per dwelling.
		1921.	1931.	1951.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Acton (Borough)	2,319	60,817	70,008	67,471	65,840	18,549	3·5
Brentford and Chiswick (Borough) ..	2,332	58,499	63,217	59,367	57,700	16,089	3·6
Ealing (Borough)	8,781	90,312	116,771	187,323	183,600	52,407	3·5
Edmonton (Borough) ..	3,895	66,807	77,658	104,270	96,530	27,513	3·5
Enfield (Borough)	12,399	60,464	67,752	110,465	109,200	31,663	3·4
Feltham	4,925	11,394	16,066	44,861	50,000	13,656	3·7
Finchley (Borough) ..	3,478	46,628	59,113	69,991	69,380	20,180	3·4
Friern Barnet ..	1,340	17,137	22,715	29,163	28,490	7,818	3·6
Harrow (Borough)	12,555	49,020	96,656	219,494	215,000	63,936	3·4
Hayes and Harlington ..	5,159	9,042	22,969	65,596	67,190	18,871	3·6
Hendon (Borough)	10,369	57,566	115,640	155,857	152,600	43,810	3·5
Heston and Isleworth (Borough)	7,218	47,463	76,254	106,847	105,100	29,722	3·5
Hornsey (Borough)	2,872	87,632	95,416	98,159	96,890	24,026	4·0
Potters Bar ..	6,129	3,222	5,720	17,172	20,370	5,790	3·5
Ruislip–Northwood ..	6,583	9,112	16,035	68,288	75,280	21,409	3·5
Southall (Borough) ..	2,608	30,165	38,839	55,896	53,000	14,593	3·6
Southgate (Borough) ..	3,765	39,525	56,063	73,377	71,250	22,085	3·2
Staines	8,271	17,060	21,336	39,995	45,770	13,008	3·5
Sunbury	5,609	9,902	13,449	23,394	27,690	8,208	3·4
Tottenham (Borough) ..	3,013	146,726	157,667	126,929	119,300	29,736	4·0
Twickenham (Borough) ..	7,014	69,948	79,299	105,663	103,600	29,788	3·5
Uxbridge (Borough) ..	10,240	20,626	31,887	55,960	60,780	16,579	3·7
Wembley (Borough) ..	6,294	18,239	65,799	131,384	127,500	38,685	3·3
Willesden (Borough) ..	4,634	165,742	185,025	179,697	174,100	43,063	4·0
Wood Green (Borough) ..	1,606	50,791	54,308	52,228	49,500	14,293	3·5
Yiewsley and West Drayton	5,276	9,163	13,066	20,468	23,340	6,286	3·7
The County ..	148,688	1,253,002	1,638,728	2,269,315	2,249,000	631,763	3·6

Notes:—

(*a*) The district acreages are given to the nearest whole number, consequently the aggregate does not equal that for the County as a whole.

(*b*) All the census populations have been adjusted to relate to the districts as constituted in 1951.

Table 3

Vital Statistics, 1957—Health Areas

Health Areas.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Health Areas.
		Live.			Still.			Total.									
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Area 1	205,730	2,603	108	2,711	53	6	59	2,656	114	2,770	13·2	21·3	2,130	10·4	32	11·8	Area 1
Area 2	169,610	2,007	80	2,087	33	2	35	2,040	82	2,122	12·3	16·5	2,041	12·0	33	15·8	Area 2
Area 3	216,190	3,029	199	3,228	66	6	72	3,095	205	3,300	14·9	21·8	2,428	11·2	69	21·4	Area 3
Area 4	221,980	2,727	115	2,842	35	4	39	2,762	119	2,881	12·8	13·5	2,306	10·4	58	20·4	Area 4
Area 5	215,000	2,665	118	2,783	59	2	61	2,724	120	2,844	12·9	21·4	1,937	9·0	39	14·0	Area 5
Area 6	301,600	4,004	331	4,335	79	9	88	4,083	340	4,423	14·4	19·9	2,867	9·5	75	17·3	Area 6
Area 7	249,440	3,398	202	3,600	64	3	67	3,462	205	3,667	14·4	18·3	2,583	10·4	65	18·1	Area 7
Area 8	226,590	3,442	130	3,572	66	2	68	3,508	132	3,640	15·8	18·7	1,787	7·9	68	19·0	Area 8
Area 9	215,800	2,756	139	2,895	41	2	43	2,797	141	2,938	13·4	14·6	2,399	11·1	60	20·7	Area 9
Area 10	227,060	3,475	133	3,608	67	2	69	3,542	135	3,677	15·9	18·8	2,080	9·2	62	17·2	Area 10
The County ..	2,249,000	30,106	1,555	31,661	563	38	601	30,669	1,593	32,262	14·1	18·6	22,558	10·0	561	17·7	The County

Table 4

Vital Statistics, 1957—Sanitary Districts

Sanitary district.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Birth comparability factor.*	Adjusted live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Death comparability factor.*	Adjusted death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Sanitary district.
		Live.			Still.			Total.													
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Acton	65,840	872	65	937	20	2	22	892	67	959	14·2	0·94	13·3	22·9	697	10·6	1·05	11·1	18	19·2	Acton.
Brentford and Chiswick	57,700	741	55	796	11	2	13	752	57	809	13·8	0·94	13·0	16·1	627	10·9	1·01	11·0	13	16·3	Brentford and Chiswick.
Ealing	183,600	2,526	137	2,663	44	1	45	2,570	138	2,708	14·5	0·96	13·9	16·6	1,886	10·3	1·09	11·2	47	17·6	Ealing.
Edmonton	96,530	1,205	45	1,250	24	4	28	1,229	49	1,278	12·9	0·98	12·6	21·9	945	9·8	1·13	11·1	17	13·6	Edmonton.
Enfield	109,200	1,398	63	1,461	29	2	31	1,427	65	1,492	13·4	1·00	13·4	20·8	1,185	10·9	0·91	9·9	15	10·3	Enfield.
Feltham	50,000	797	18	815	19	1	20	816	19	835	16·3	0·97	15·8	24·0	350	7·0	1·59	11·1	16	19·6	Feltham.
Finchley	69,380	889	36	925	13	1	14	902	37	939	13·3	0·96	12·8	14·9	781	11·3	0·91	10·3	16	17·3	Finchley.
Friern Barnet	28,490	305	13	318	6	—	6	311	13	324	11·2	1·12	12·5	18·5	482	16·9	0·57	9·6	1	3·1	Friern Barnet.
Harrow	215,000	2,665	118	2,783	59	2	61	2,724	120	2,844	12·9	1·02	13·2	21·4	1,937	9·0	1·19	10·7	39	14·0	Harrow.
Hayes and Harlington	67,190	1,044	24	1,068	28	—	28	1,072	24	1,096	15·9	0·94	14·9	25·5	510	7·6	1·62	12·3	15	14·0	Hayes and Harlington.
Hendon	152,600	1,838	79	1,917	22	3	25	1,860	82	1,942	12·6	0·95	12·0	12·9	1,525	10·0	1·06	10·6	42	21·9	Hendon.
Heston and Isleworth	105,100	1,258	47	1,305	15	—	15	1,273	47	1,320	12·4	0·99	12·3	11·4	1,082	10·3	1·07	11·0	30	23·0	Heston and Isleworth.
Hornsey	96,890	1,475	95	1,570	36	3	39	1,511	98	1,609	16·2	0·93	15·1	24·2	1,114	11·5	0·89	10·2	27	17·2	Hornsey.
Potters Bar	20,370	304	12	316	6	—	6	310	12	322	15·5	0·92	14·3	18·6	173	8·5	1·32	11·2	5	15·8	Potters Bar.
Ruislip–Northwood	75,280	967	43	1,010	16	1	17	983	44	1,027	13·4	1·00	13·4	16·6	558	7·4	1·26	9·3	24	23·8	Ruislip–Northwood.
Southall	53,000	757	37	794	15	—	15	772	37	809	15·0	1·03	15·5	18·5	690	13·0	0·87	11·3	17	21·4	Southall.
Southgate	71,250	771	27	798	11	1	12	782	28	810	11·2	1·08	12·1	14·8	901	12·6	0·83	10·5	16	20·1	Southgate.
Staines	45,770	822	20	842	19	—	19	841	20	861	18·4	0·93	17·1	22·1	361	7·9	1·26	10·0	12	14·3	Staines.
Sunbury	27,690	587	32	619	10	—	10	597	32	629	22·4	0·91	20·4	15·9	254	9·2	1·29	11·9	12	19·4	Sunbury.
Tottenham	119,300	1,554	104	1,658	30	3	33	1,584	107	1,691	13·9	0·97	13·5	19·5	1,314	11·0	1·07	11·8	42	25·3	Tottenham.
Twickenham	103,600	1,269	63	1,332	19	1	20	1,288	64	1,352	12·9	1·03	13·3	14·8	1,115	10·8	0·96	10·4	22	16·5	Twickenham.
Uxbridge	60,780	1,002	40	1,042	12	1	13	1,014	41	1,055	17·1	0·91	15·6	12·3	553	9·1	1·32	12·0	22	21·1	Uxbridge.
Wembley	127,500	1,412	47	1,459	25	—	25	1,437	47	1,484	11·4	1·00	11·4	16·8	1,173	9·2	1·18	10·9	27	18·5	Wembley.
Willesden	174,100	2,592	284	2,876	54	9	63	2,646	293	2,939	16·5	0·92	15·2	21·4	1,694	9·7	1·15	11·2	48	16·7	Willesden.
Wood Green	49,500	627	28	655	10	1	11	637	29	666	13·2	1·00	13·2	16·5	485	9·8	0·98	9·6	11	16·8	Wood Green.
Yiewsley and West Drayton	23,340	429	23	452	10	—	10	439	23	462	19·4	0·91	17·7	21·6	166	7·1	1·43	10·2	7	15·5	Yiewsley and West Drayton.
The County	2,249,000	30,106	1,555	31,661	563	38	601	30,669	1,593	32,262	14·1	0·98	13·8	18·6	22,558	10·0	1·09	10·9	561	17·7	The County.

* The birth rate is calculated on the total population of the area. Clearly a population with a high proportion of women of child bearing age can be expected to have a higher birth rate than one with a lower proportion of such women even though the fertility rates of women (of the same age) were the same in both populations. Similarly a population with a high proportion of old people can be expected to have a higher death rate than one with a lower proportion of such persons. The presence of residential institutions is also taken into account. The comparability factors are a means of getting over these difficulties for purposes of comparison; the adjusted rates, though useful, are fictitious.

Table 2

Causes of Death at Different Periods of Life in the Administrative County of Middlesex, 1957

Causes of Death. (1)	All Ages. (2)	0— (3)	1— (4)	5— (5)	15— (6)	25— (7)	45— (8)	65— (9)	75— (10)
1. Tuberculosis—respiratory ..	182	—	1	—	4	27	79	53	18
2. Tuberculosis—other	19	1	1	—	1	3	4	4	5
3. Syphilitic disease	53	—	—	—	—	4	19	13	17
4. Diphtheria	(a) 1	—	—	—	—	—	—	(a) 1	—
5. Whooping cough	1	1	—	—	—	—	—	—	—
6. Meningococcal infections ..	4	3	—	—	—	—	1	—	—
7. Acute poliomyelitis	17	—	—	5	—	10	2	—	—
8. Measles	3	1	2	—	—	—	—	—	—
9. Other infective and parasitic diseases	42	2	1	2	3	9	13	8	4
10. Malignant neoplasm—stomach	601	—	—	—	—	17	199	192	193
11. Malignant neoplasm — lung, bronchus	1,166	—	—	—	—	31	611	375	149
12. Malignant neoplasm—breast	444	—	—	—	—	36	203	93	112
13. Malignant neoplasm—uterus	154	—	—	—	—	13	72	31	38
14 Other malignant and lymphatic neoplasms ..	2,368	4	3	12	23	143	792	679	712
15. Leukaemia aleukaemic ..	160	1	7	8	5	28	38	43	30
16. Diabetes	143	—	—	1	1	7	30	38	66
17. Vascular lesions of nervous system	2,748	1	—	1	4	47	484	757	1,454
18. Coronary disease angina ..	3,661	—	—	—	—	73	1,117	1,236	1,235
19. Hypertension with heart disease	611	—	—	—	—	6	92	198	315
20. Other heart disease	2,892	—	1	1	2	58	358	525	1,947
21. Other circulatory disease ..	1,194	—	—	1	8	22	215	317	631
22. Influenza	198	2	5	11	8	14	49	53	56
23. Pneumonia	1,118	68	14	5	6	23	154	242	606
24. Bronchitis	1,235	8	4	1	1	11	298	394	518
25. Other diseases of the respiratory system	189	1	1	1	1	8	52	61	64
26. Ulcer of stomach and duodenum	244	—	—	—	—	7	59	68	110
27. Gastritis, enteritis and diarrhoea	90	2	—	—	2	6	20	20	40
28. Nephritis and nephrosis ..	172	—	1	3	8	21	61	36	42
29. Hyperplasia of prostate ..	140	—	—	—	—	—	10	41	89
30. Pregnancy, childbirth, abortion	13	—	—	—	2	10	1	—	—
31. Congenital malformations ..	164	97	11	7	7	16	18	5	3
32. Other defined and ill defined diseases	1,618	350	18	9	20	95	336	321	469
33. Motor vehicle accidents ..	229	—	3	14	37	41	59	31	44
34. All other accidents	423	19	5	10	22	38	77	55	197
35. Suicide	252	—	—	—	3	50	136	46	17
36. Homicide and operations of war	9	—	1	—	—	4	2	1	1
All causes	22,558	561	79	92	168	878	5,661	5,937	9,182
Proportionate age group mortality	100	2·5	0·4	0·4	0·7	3·9	25·1	26·3	40·7

Note (*a*):—

Relates to a woman aged 68 whose death was due to bronchiectasis complicated by tracheal stenosis and rheumatoid arthritis. The tracheal stenosis was thought to be mainly due to scarring following tracheotomy for diphtheria contracted as a child 60 years ago.

Table 5

Birth Rate

Year.	Live birth rate per 1,000 estimated mid-year population.		
	Middlesex.	London.	England and Wales.
(1)	(2)	(3)	(4)
1947	19·6	21·8	21·1
1948	16·1	18·2	18·1
1949	14·9 (13·9)	16·8 (15·3)	16·9
1950	13·9 (12·8)	15·6 (14·2)	15·9
1951	13·4 (12·3)	15·6 (14·0)	15·5
1952	13·3 (12·2)	15·3 (13·9)	15·3
1953	13·3 (12·9)	15·3 (13·3)	15·5
1954	13·1 (12·7)	15·3 (13·3)	15·2
1955	13·0 (12·6)	15·1 (13·1)	15·0
1956	13·7 (13·4)	15·9 (14·0)	15·6
1957	14·1 (13·8)	16·2 (14·4)	16·1

Notes.—Rates for the years 1947–49 are based on civilian population.

Rates for 1950–1957 are based on home population.

Figures in brackets represent rates, adjusted for valid areal comparisons by Registrar General's comparability factors.

The rates for 1957 are provisional and subject to correction.

Table 6

Premature Births 1957

Area.	Premature births notified (as adjusted by transfers).			Premature birth rate per 1,000 total births notified.
	Live births.	Still births.	Total premature births.	
(1)	(2)	(3)	(4)	(5)
1	184	27	211	85·4
2	97	19	116	55·0
3	238	40	278	84·0
4	158	20	178	63·1
5	154	28	182	65·0
6	279	44	323	74·1
7	190	29	219	59·3
8	235	29	264	74·0
9	220	20	240	80·9
10	221	32	253	71·9
County	1,976	288	2,264	71·6
London	3,920	608	4,528	83·2
England & Wales	50,159	8,727	58,886	79·9

Table 7

Infant Mortality

Year.	Middlesex.			London.	England and Wales.
	Live births.	Deaths under one year.	Rate per 1,000 related live births.		
(1)	(2)	(3)	(4)	(5)	(6)
1940	28,873	1,448	50·2	50	55
1941	25,512	1,327	52·0	68	59
1942	33,150	1,558	47·0	60	49
1943	35,339	1,536	43·5	58	49
1944	36,380	1,327	36·5	61	46
1945	33,398	1,296	38·8	53	46
1946	42,108	1,246	29·6	41	43
1947	43,955	1,386	31·5	37	41
1948	36,561	961	26·3	31	34
1949	33,833	818	24·2	29	32
1950	31,524	690	21·9	26	30
1951	30,469	719	23·6	25	30
1952	30,274	635	21·0	23	28
1953	30,039	629	21·0	24	27
1954	29,605	557	18·8	21	25
1955	29,199	566	19·4	23	25
1956	30,874	586	19·0	21	24
1957 (*a*)	31,661	561	17·7	22	23

(*a*) 1957 figures provisional.

Table 8

Maternal Mortality

Mortality per 1,000 Total (Live and Still) Births

Year.	Middlesex.		England and Wales Rate.
	Number.	Rate.	
(1)	(2)	(3)	(4)
1947	48	1·07	1·17
1948	34	0·91	1·02
1949	33	0·96	0·98
1950	27	0·84	0·86
1951	17	0·55	0·79
1952	17	0·55	0·72
1953	22	0·72	0·76
1954	16	0·53	0·70
1955	14	0·47	0·64
1956	18	0·57	0·56
1957(*a*)	13	0·40	0·47

(*a*) Provisional.

Table 9

Incidence of Sickness in Middlesex Based on First Applications for Sickness Benefit Received by the Ministry of National Insurance

Quarter ending	First applications for sickness benefit.						
	1951.	1952.	1953.	1954.	1955.	1956.	1957.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
March	154,248	107,655	158,416	107,706	138,592	117,325	93,183
June	66,914	69,520	65,566	64,650	69,430	68,025	67,568
September ..	54,265	53,538	54,119	55,975	56,894	57,544	61,592
December ..	79,582	94,540	77,857	80,905	95,021	93,108	189,661
Total for year	355,009	325,253(*a*)	355,958	309,236	359,937(*a*)	336,002	412,004
Number of applications for sickness benefit per 1,000 population:—							
Middlesex ..	157	143	158	137	160	149	183
Great Britain	154	134	150	145	160	156	192

(*a*) 53 weeks.

Table 10

Corrected Notifications of Infectious Diseases, 1957.

Boroughs and Urban Districts.	Scarlet fever.	Whooping cough.	Acute poliomyelitis.	Acute encephalitis.	Measles.	Diphtheria.	Acute pneumonia.	Dysentery.	Enteric or typhoid fever.	Paratyphoid fever.	Erysipelas.	Meningococcal infection.	Puerperal pyrexia.	Ophthalmia neonatorum.	Food poisoning.	Smallpox.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
Acton (Borough)	20	87	12	—	919	—	14	25	—	—	5	—	3	—	47	—
Brentford and Chiswick (Borough)	24	65	2	1	772	—	26	6	—	—	6	—	82	—	4	—
Ealing (Borough)	94	131	1	2	1,854	—	171	241	1	—	13	2	77	5	7	—
Edmonton (Borough)	132	97	8	—	1,282	2	57	44	—	1	11	2	99	38	13	—
Enfield (Borough)	125	250	5	—	1,250	—	84	100	—	—	16	—	71	15	10	—
Feltham	13	16	3	—	614	—	10	9	—	—	3	1	—	—	9	—
Finchley (Borough)	71	119	12	—	957	—	35	7	—	—	4	2	29	3	2	—
Friern Barnet	37	42	4	—	441	—	26	7	1	1	4	—	1	—	2	—
Harrow (Borough)	76	256	29	—	1,783	—	79	17	1	1	14	6	1	—	62	—
Hayes and Harlington	42	148	1	3	1,324	—	68	66	—	—	5	4	12	—	14	—
Hendon (Borough)	158	207	32	—	2,164	—	121	25	—	5	12	1	116	6	27	—
Heston and Isleworth (Borough)	36	74	2	3	804	—	39	7	—	—	8	2	98	1	27	—
Hornsey (Borough)	78	106	8	—	1,106	—	57	25	1	—	9	—	10	1	7	—
Potters Bar	6	16	—	—	301	—	4	—	—	—	—	—	—	—	—	—
Ruislip–Northwood	44	70	6	3	887	—	55	1	1	—	14	1	10	1	1	—
Southall (Borough)	34	79	1	—	674	—	92	16	—	—	10	—	1	—	5	—
Southgate (Borough)	69	73	9	1	973	—	16	13	—	—	7	2	3	—	8	—
Staines	16	55	1	—	752	—	22	5	—	—	4	1	1	—	2	—
Sunbury	22	56	2	—	619	—	2	2	—	—	—	—	—	—	2	—
Tottenham (Borough)	92	133	4	1	1,716	—	93	46	—	1	12	1	2	—	15	3
Twickenham (Borough)	17	78	1	1	824	—	75	17	—	—	10	—	9	5	43	—
Uxbridge (Borough)	37	147	4	1	1,314	—	79	4	—	—	27	3	169	—	1	—
Wembley (Borough)	62	169	17	1	812	—	71	16	—	1	19	1	26	2	23	—
Willesden (Borough)	67	287	22	1	1,541	—	98	13	—	—	20	4	142	—	20	—
Wood Green (Borough)	22	95	6	—	876	—	39	32	—	—	2	—	2	—	5	—
Yiewsley and West Drayton	6	41	—	2	624	—	24	12	—	—	2	1	1	—	66	—
The County	1,400	2,897	192	20	27,183	2	1,457	756	5	10	237	34	965	77	422	3

Table 11

Age Distribution of notified Cases (Corrected) and of Deaths, Acute Poliomyelitis, 1957

1957.	Age in years.					All ages.
	Under 1.	1—	5—	15—	25 and over.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Number of cases:—						
First quarter ..	—	2	7	—	9	18
Second quarter ..	—	3	12	—	8	23
Third quarter ..	3	20	54	12	33	122
Fourth quarter ..	1	10	12	—	6	29
Whole year ..	4	35	85	12	56	192
Number of deaths ..	—	—	5	—	12	17

Table 12

Vaccination against Poliomyelitis during 1957

Area.	Number of children who completed a course of two injections during the year.	Number of children who had received one injection at any time up to 31st December.	Number of children who had registered for vaccination at any time up to 31st December but who had not then received any injections.
(1)	(2)	(3)	(4)
1	5,761	409	6,339
2	4,417	937	5,604
3	4,393	637	5,285
4	5,959	376	8,247
5	5,080	1,397	8,288
6	6,524	977	11,806
7	6,921	1,135	10,311
8	7,410	1,523	9,758
9	5,420	682	10,876
10	8,354	692	10,477
County	60,239	8,765	86,991

Table 13

Number of Notifications Received of Persons Primarily Vaccinated or Re-Vaccinated against Smallpox during 1957

Area. (1)	Age in years. Under 1. (2)	1—4. (3)	5—14. (4)	15 and over. (5)	All ages. (6)
1	1,318	647	1,354	3,207	6,526
2	1,018	272	552	1,030	2,872
3	2,012	1,424	4,785	6,682	14,903
4	1,604	287	338	1,494	3,723
5	1,709	351	394	1,338	3,792
6	1,877	353	515	1,556	4,301
7	1,801	311	335	1,223	3,670
8	2,351	264	464	1,197	4,277
9	1,464	234	215	780	2,693
10	2,288	268	307	864	3,727
London Airport ..	—	—	—	187	187
The County ..	17,442	4,412	9,259	19,558	50,671

Table 14

Diphtheria

Year. (1)	Cases notified. (2)	Fatal cases. (3)	Number of children under 15 year immunised during the year (primary plus booster injections). (4)
1940	929	42	—
1941	980	59	—
1942	769	53	197,796
1943	618	24	49,830
1944	266	14	23,528
1945	331	19	31,326
1946	350	13	45,857
1947	129	3	48,414
1948	57	5	54,721
1949	23	—	49,083
1950	10	2	40,398
1951	4	—	52,065
1952	2	1	49,951
1953	4	—	50,076
1954	8	1	54,203
1955	2	—	44,298
1956	2	—	49,721
1957	2	—	43,551

Table 15

Number of Children Immunised and Given Reinforcing Injections Against Diphtheria during 1957

Area. (1)	Number of children immunised.			Number of children under 15 years of age given reinforcing injections. (5)
	Under 5 years. (2)	5–14 years. (3)	Total, aged 0–14 years. (4)	
1	1,937	252	2,189	3,629
2	1,309	352	1,661	2,895
3	2,314	202	2,516	707
4	2,017	96	2,113	2,366
5	2,067	66	2,133	924
6	2,753	160	2,913	1,463
7	2,793	107	2,900	3,093
8	2,852	165	3,017	2,582
9	1,859	45	1,904	488
10	2,288	193	2,481	1,577
County ..	22,189	1,638	23,827	19,724

Table 16

Number of Children who had been Immunised against Diphtheria up to 31st December, 1957

Area.	Number of children protected to date according to age and year of primary or secondary injections.						
	Under 5.	Age 5–14 years.			Total under 15 years.		
	Immunised 1953—1957.	Immunised 1953—1957.	Immunised 1952 or before.	Total Immunised 1957 or before.	Immunised 1953—1957.	Immunised 1952 or before.	Total Immunised 1957 or before.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	7,724	17,759	11,467	29,226	25,483	11,467	36,950
2	5,649	16,235	7,449	23,684	21,884	7,449	29,333
3	8,318	11,051	14,975	26,026	19,369	14,975	34,344
4	8,168	16,526	15,009	31,535	24,694	15,009	39,703
5	8,545	8,498	21,662	30,160	17,043	21,662	38,705
6	8,605	9,477	30,715	40,192	18,082	30,715	48,797
7	10,047	19,163	12,826	31,989	29,210	12,826	42,036
8	9,333	15,058	17,895	32,953	24,391	17,895	42,286
9	7,283	13,377	11,449	24,826	20,660	11,449	32,109
10	9,458	14,375	16,936	31,311	23,833	16,936	40,769
County ..	83,130	141,519	160,383	301,902	224,649	160,383	385,032
Estimated mid-year child population ..	145,000	315,000			460,000		
Percentage of protected population in age group	57·3	44·9	50·9	95·8	48·8	34·9	83·7

Table 17

Number of Children Immunised and given Reinforcing Injections against Whooping Cough during 1957

Area.	Number of children immunised			Number of children under 15 years of age given reinforcing injections.
	Under 5 years.	5–14 years.	Total, aged 0–14 years.	
(1)	(2)	(3)	(4)	(5)
1	1,726	39	1,765	428
2	1,161	62	1,223	127
3	1,916	24	1,940	52
4	1,805	21	1,826	122
5	1,977	47	2,024	612
6	2,598	85	2,683	479
7	2,667	66	2,733	1,495
8	2,757	82	2,839	865
9	1,762	14	1,776	442
10	2,218	70	2,288	492
County ..	20,587	510	21,097	5,114

Tuberculosis

Table 18

Summary of Work of Chest Clinics, 1957

(1)	Ashford. (2)	Ealing. (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar. (9)	Tottenham. (10)	Uxbridge. (11)	Willesden. (12)	The County. (13)
Population in area served (approx.)	165,940	249,440	220,400	205,730	266,010	195,650	223,920	20,370	168,800	279,590	253,150	2,249,000
Persons examined for the first time during the year	4,070	6,102	10,769	4,571	5,635	9,143	4,193	241	5,636	8,753	3,872	62,985
Persons found to be tuberculous	80	150	169	110	148	124	103	9	108	193	168	1,362
New contacts seen for the first time during the year	463	2,212	885	649	1,267	1,454	1,887	41	801	1,054	933	11,646
New contacts found to be tuberculous	5	20	4	9	11	9	20	—	21	8	17	124
Cases on register at 31st December, 1957	1,179	2,274	1,600	2,076	2,150	1,971	2,384	164	2,123	2,757	2,575	21,253
Home visits by tuberculosis visitors during 1957 (*a*) ..	2,180	5,005	4,371	4,015	4,757	3,581	5,686	389	3,007	6,891	6,006	45,888

(*a*) Effective visits only. These should not be compared with years prior to 1955 when *total* visits were shown.

Table 19

Summary of the Work of Chest Clinic Welfare Officers, 1957

(1)	Ashford. (2)	Ealing‡ (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar. (9)	Tottenham. (10)	Uxbridge. (11)	Willesden. (12)	County‡ (13)
Patients dealt with by the Welfare Officer	338	658	732	872	566	497	1,063	20	814	906	756	7,222
Patients who consulted the Welfare Officer regarding employment or training	43	59	132	108	62	51	140	3	130	148	99	975
Number for whom employment or training was found	11	16	101	101	44	33	121	2	120	101	76	726
Individual patients referred to the National Assistance Board for grants for:—												
(*a*) Bedding	2	2	2	7	3	2	2	—	9	3	2	34
(*b*) Clothing	8	10	14	15	6	4	19	—	19	13	11	119
(*c*) Extra nourishment	11	23	21	37	7	6	17	2	48	13	34	219
(*d*) Any other purpose	47	55	59	109	52	41	77	3	117	100	81	741
Total individual patients referred to the National Assistance Board ..	60	86	85	134	64	47	96	5	134	115	112	938
Cases recommended for rehousing	25	66	73	63	39	8	26	3	84	66	20	473
Families re-housed	8	7	16	26	14	8	15	1	54	15	15	179
Contacts first received into care by the Children's Officer during the year:—												
(*a*) For B.C.G. vaccination only ..	—	1	—	—	—	—	—	—	—	1	—	4*
(*b*) Otherwise than for B.C.G. vaccination	—	2	7	1	4	—	—	—	4	2	4	33†

* Includes 2 contacts referred from other sources.

† Includes 9 contacts referred from other sources.

‡ Figures relating to Ealing are incomplete.

Table 20

New Cases of, and Deaths from Tuberculosis, Notified to Medical Officers of Health during 1957, Classified into Age Groups

Age in years.	New Cases				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Under 1 ..	4	1	2	—	—	—	1	—
1—	15	12	2	5	—	1	1	—
5—	8	12	2	4	—	—	—	—
10—	9	15	4	4				
15—	51	59	5	7	1	3	1	—
20—	91	101	13	9				
25—	162	145	18	31	13	14	3	—
35—	124	97	6	14				
45—	155	59	12	12	60	19	2	2
55–64	155	30	12	7				
65 & over ..	94	26	4	10	56	15	2	7
All Ages ..	868	557	80	103	130	52	10	9

Table 21

Notification of Tuberculosis Cases and Deaths, 1925–1957

Year.	Estimated County civilian population (mid-year).	Formal notifications.						Deaths registered.					
		All forms.		Pulmonary.		Non-pulmonary.		All forms.		Pulmonary.		Non-pulmonary.	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1925	1,302,950	1,982	1·52	1,630	1·25	352	·27	1,097	·84	922	·71	175	·13
1926	1,325,260	2,009	1·52	1,655	1·25	354	·27	1,138	·86	944	·71	194	·15
1927	1,352,040	2,015	1·50	1,621	1·20	394	·30	1,193	·88	1,024	·76	169	·12
1928	1,416,600	1,819	1·28	1,478	1·04	341	·24	1,071	·76	909	·64	162	·12
1929	1,458,810	1,911	1·31	1,606	1·10	305	·21	1,215	·83	1,058	·73	157	·10
1930	1,560,120	2,015	1·29	1,623	1·04	392	·25	1,164	·75	981	·63	183	·12
1931	1,639,300	2,120	1·29	1,749	1·07	371	·22	1,160	·71	989	·60	171	·11
1932	1,702,530	2,108	1·24	1,733	1·02	375	·22	1,144	·67	965	·57	179	·10
1933	1,756,820	2,082	1·19	1,750	1·00	332	·19	1,224	·70	1,046	·60	178	·10
1934	1,810,200	2,098	1·16	1,767	0·98	331	·18	1,266	·70	1,086	·60	180	·10
1935	1,866,800	2,151	1·15	1,826	0·98	325	·17	1,187	·64	1,028	·55	159	·09
1936	1,940,400	2,151	1·11	1,833	0·94	318	·17	1,257	·65	1,096	·56	161	·09
1937	2,014,500	2,312	1·15	1,932	0·96	380	·19	1,177	·58	1,008	·50	169	·08
1938	2,058,300	2,469	1·20	2,048	0·99	421	·21	1,109	·54	932	·45	177	·09
1939	2,056,100	2,313	1·12	1,952	0·95	361	·17	1,174	·57	1,012	·49	162	·08
1940	1,952,100	2,410	1·23	2,043	1·04	367	·19	1,217	·62	1,055	·54	162	·08
1941	1,874,900	2,804	1·49	2,435	1·29	369	·20	1,326	·70	1,154	·61	172	·09
1942	1,929,900	3,081	1·60	2,617	1·36	468	·24	1,204	·62	1,040	·54	164	·08
1943	1,938,000	3,110	1·60	2,675	1·38	435	·22	1,191	·61	1,042	·54	149	·07
1944	1,902,500	2,944	1·54	2,595	1·36	349	·18	1,066	·56	920	·48	146	·08
1945	1,958,000	2,879	1·47	2,504	1·28	375	·19	1,035	·53	900	·46	135	·07
1946	2,178,010	3,018	1·38	2,668	1·22	350	·16	1,039	·48	894	·41	145	·07
1947	2,248,180	3,010	1·34	2,704	1·20	306	·14	962	·43	855	·38	107	·05
1948	2,262,700	3,185	1·41	2,828	1·25	357	·16	907	·40	790	·35	117	·05
1949	2,273,180	3,021	1·33	2,746	1·21	275	·12	852	·38	765	·34	87	·04
1950	2,287,390*	2,776	1·21	2,477	1·08	299	·13	622	·27	567	·25	55	·02
1951	2,268,000*	2,727	1·20	2,416	1·07	311	·14	582	·26	528	·23	54	·02
1952	2,270,000*	2,474	1·09	2,208	0·97	266	·12	437	·19	386	·17	51	·02
1953	2,259,700*	2,507	1·11	2,264	1·00	243	·11	362	·16	327	·14	35	·02
1954	2,256,000*	2,147	0·95	1,925	0·85	222	·10	320	·14	292	·13	28	·01
1955	2,252,000*	1,927	0·86	1,706	0·76	221	·10	266	·12	244	·11	22	·01
1956	2,251,000*	1,762	0·78	1,568	0·70	194	·09	234	·10	214	·10	20	·01
1957	2,249,000*	1,608	0·71	1,425	0·63	183	·08	201	·09	182	·08	19	·01

All rates are per 1,000 population.

* Home population.

Venereal Disease

Table 22

Middlesex Patients Treated at Hospitals

Persons dealt with at clinics for the first time and found to be suffering from	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Syphilis	533	385	356	279	235	195	148	172	203	164
Gonorrhoea ..	725	539	485	426	490	618	412	502	534	563
Other conditions ..	4,400	3,860	3,925	3,029	2,977	3,336	2,730	3,165	3,105	3,047
Totals	5,658	4,784	4,766	3,734	3,702	4,149	3,290	3,839	3,842	3,774

Health Control of London Airport

Table 23

Work Carried out during 1957

Planes arriving	37,617
Passengers arriving:—	
British	715,779
Alien	464,162
Total	1,179,941
Planes issued with disinsectisation certificates	2,477
Sick passengers needing ambulance or car arrangements	1,777
Vaccinations carried out	187
Aliens inspected under Aliens Order	3,957
Aliens refused entry on medical certificate	18
Notifications sent to medical officers of health for surveillance of passengers ..	56

TABLE 24

Place of departure of planes arriving at London Airport.	1st January to 30th June, 1957. Number of		1st July to 31st December, 1957. Number of		Total, 1957.	
	Aircraft.	Passengers.	Aircraft.	Passengers.	Aircraft.	Passengers.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Excepted Area	8,396	254,739	9,961	332,234	18,357	586,973
Europe outside Excepted Area	4,679	150,453	5,880	194,196	10,559	344,649
North America	1,616	49,086	2,255	62,239	3,871	111,325
Central and South America	125	4,466	174	6,400	299	10,866
Africa	1,112	31,997	1,084	32,068	2,196	64,065
Asia	1,079	28,730	1,256	33,333	2,335	62,063
Total	17,007	519,471	20,610	660,470	37,617	1,179,941

Maternal and Child Health

TABLE 25

ANTE-NATAL CLINICS PROVIDED BY COUNTY COUNCIL

Area.	Number of clinics provided at end of 1957 (whether held at infant welfare centres or other premises).	Number of sessions held per month at clinics included in column (2).	Number of women in attendance.		Total number of attendances made by women included in column (4) during 1957.
			Number of women who attended during 1957.	Number of new cases included in column (4), *i.e.*, who had not previously attended an ante-natal clinic during current pregnancy.	
(1)	(2)	(3)	(4)	(5)	(6)
1	9	44	1,523	1,131	8,686
2	8	36	1,133	895	5,632
3	9	109 (*a*)	3,073 (*a*)	2,275 (*a*)	16,368 (*a*)
4	10	58	1,675	1,298	7,004
5	16	61	1,741	1,386	7,854
6	15	104	3,313	2,991	16,284
7	13	94	3,220	2,404	16,031
8 (*b*) ..	16	64	1,800	1,494	6,907
9	8	48	1,509	1,263	7,157
10	14	52	1,696	1,432	7,606
COUNTY ..	118	670 (*a*)	20,683 (*a*)	16,569 (*a*)	99,529 (*a*)

(*a*) Includes 30 sessions at which a consultant is provided by the Regional Hospital Board.
(*b*) Numbers include one mobile unit.

Table 26

Post-Natal Clinics Provided by County Council

Area.	Number of clinics provided at end of 1957 (whether held at infant welfare centres or other premises).	Number of sessions held per month at clinics included in column (2).	Number of women in attendance.		Total number of attendances made by women included in column (4) during 1957.
			Number of women who attended during 1957.	Number of new cases included in column (4), *i.e.*, who had not previously attended a post-natal clinic after last confinement.	
(1)	(2)	(3)	(4)	(5)	(6)
1	1	4	666 (237)	650 (226)	957 (275)
2	—	—	347 (347)	347 (347)	413 (413)
3	—	—	1,120(1,120)(*a*)	1,120(1,120 (*a*)	1,238(1,238) (*a*)
4	—	—	227 (227)	227 (227)	254 (254)
5	—	—	86 (86)	86 (86)	117 (117)
6	4	4	177 (57)	146 (56)	236 (59)
7	—	—	209 (209)	202 (202)	226 (226)
8	—	—	186 (186)	153 (153)	200 (200)
9	—	—	153 (153)	153 (153)	171 (171)
10	—	—	220 (220)	213 (213)	222 (222)
County ..	5	8	3,391(2,842) (*a*)	3,297(2,783) (*a*)	4,034(3,175)(*a*)

The figures in brackets indicate the number of women examined post-natally at ante-natal clinics, and are included in the main post-natal figures.

(*a*) Includes cases seen by a consultant provided by the Regional Hospital Board.

Table 27

Child Welfare Centres Provided by County Council

Area.	Number of centres provided at end of 1957.	Number of child welfare sessions now held per month at centres in column (2).	Number of children who first attended a centre during 1957, and who at their first attendance were under 1 year of age.	Number of children who attended during 1957 and who were born in:			Total number of children who attended during 1957.	Number of attendances during 1957 made by children who at the date of attendance were:			Total attendances during 1957.
				1957.	1956.	1955–52.		Under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	13	98	2,331	2,013	1,779	2,262	6,054	37,122	9,587	11,032	57,741
2	13	112	2,089	1,768	1,851	3,773	7,392	31,140	9,289	11,632	52,061
3	10	170	3,154	2,664	2,353	4,285	9,302	44,667	7,091	7,387	59,145
4	15	112	2,617	2,365	2,357	4,466	9,188	40,031	11,652	13,089	64,772
5	17	114	2,463	2,186	2,172	3,729	8,087	38,772	6,758	7,265	52,795
6	14	168	4,057	3,539	2,561	3,314	9,414	54,585	9,937	7,807	72,329
7	15	156	3,178	2,893	2,437	3,868	9,198	47,594	10,059	9,157	66,810
8 (*a*) ..	20	161	3,099	2,827	2,619	4,894	10,340	52,572	10,052	15,781	78,405
9	9	98	2,692	2,277	1,877	2,419	6,573	34,699	6,024	4,797	45,520
10	16	183	3,240	3,065	2,690	3,959	9,714	55,770	11,646	13,569	80,985
County ..	142	1,372	28,920	25,597	22,696	36,969	85,262	436,952	92,095	101,516	630,563

Note.—The following figures relate to child welfare centres held at Queen Charlotte's Hospital and at the R.A.F. Station, Stanmore, at each of which the County Council provides a health visitor only. (The figures are *not* included in the main table.)

Queen Charlotte's Hospital ..	1	4	49	34	25	23	82	560	51	55	666
R.A.F., Stanmore	1	4	38	30	27	35	92	532	108	82	722

(*a*) Numbers include one mobile clinic.

Table 28

Priority Dental Service 1957

Expectant and Nursing Mothers

Area.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anaesthetics.		Fillings.	Scalings and gum treatment.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1 ..	257	236	194	157	555	484	39	124	196	55	23	4	32	40
2 ..	130	122	153	76	631	243	81	52	288	116	113	3	19	28
3 ..	190	188	172	84	644	205	85	36	358	76	86	13	8	32
4 ..	171	154	274	122	1,380	398	279	74	741	98	236	95	28	84
5 ..	128	125	135	116	476	195	12	58	220	62	90	3	20	17
6 ..	636	613	657	318	2,610	644	506	147	1,686	431	381	62	49	90
7 ..	401	396	393	168	1,511	479	433	92	1,048	179	241	152	27	45
8 ..	334	316	307	136	1,212	375	153	92	738	137	77	83	35	58
9 ..	354	349	432	182	1,716	902	571	187	935	187	168	52	57	79
10 ..	645	601	522	376	2,445	1,040	525	162	1,293	258	338	536	105	126
County	3,246	3,100	3,239	1,735	13,180	4,965	2,684	1,024	7,503	1,599	1,753	1,003	380	599

Children under Five Years

Area.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anaesthetics.		Fillings.	Silver nitrate dressings.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1 ..	400	325	360	174	720	310	2	179	118	1,420	30	—	—	—
2 ..	501	410	455	310	1,129	266	18	111	812	500	221	—	—	—
3 ..	569	548	531	323	1,164	432	69	175	847	550	338	1	—	—
4 ..	433	329	467	310	1,444	463	5	259	1,129	189	255	3	—	—
5 ..	391	371	374	361	909	243	4	125	838	248	208	1	—	—
6 ..	1,240	961	954	750	2,415	624	28	314	1,742	1,168	406	7	—	—
7 ..	687	623	564	452	1,710	687	6	293	1,299	381	404	4	—	4
8 ..	581	521	533	393	1,521	305	98	129	1,422	253	104	1	1	1
9 ..	487	465	562	206	1,234	934	4	431	494	421	196	1	—	—
10 ..	1,160	863	781	926	2,312	1,153	18	554	1,451	635	552	—	—	—
County	6,449	5,416	5,581	4,205	14,558	5,417	252	2,570	10,152	5,765	2,714	18	1	5

Table 29

Care of Premature Infants, 1957

Area.	Number of premature babies born alive to mothers normally resident in the County, but excluding babies born in maternity homes or hospitals in the National Health Service.		Born at home and nursed entirely at home.			Born at nursing homes and nursed entirely at nursing homes.		
	Born at home.	Born in private nursing homes.	Number born.	Died during first 24 hours.	Survived to end of 28 days.	Number born.	Died during first 24 hours.	Survived to end of 28 days.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	35	1	33	1	31	1	—	1
2	18	8	17	—	17	8	—	7
3	40	6	38	—	38	6	1	5
4	24	5	21	—	21	5	—	5
5	21	4	16	—	16	4	—	4
6	42	1	35	—	35	1	—	1
7	17	—	14	—	13	—	—	—
8	45	1	35	—	35	1	1	—
9	37	—	30	—	30	—	—	—
10	57	4	46	1	44	4	—	4
County	336	30	285	2	280	30	2	27

Table 30

Mother and Baby Homes

Name and address of home or hostel.	Number of beds.				Average length of stay. (weeks).	
	Total beds (excluding maternity andlabour and cots).	Maternity (excluding labourand isolation).	Labour beds.	Cots.	Ante-natal.	Post-natal.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
A.—Provided by the County Council.						
"Amherst Lodge," 47, Amherst Road, Ealing, W.13 ..	24	—	—	11	$4\frac{3}{7}$	$6\frac{3}{7}$
" Belle Vue," 167, Willesden Lane, Kilburn, N.W.6 ..	12	—	—	12	4	$5\frac{2}{7}$
"Red Gables," 113, Crouch Hill, Hornsey, N.8.. ..	15	—	—	12	$4\frac{4}{7}$	$5\frac{4}{7}$
Guilford House," 92–94, Torrington Park, N.12.. ..	28	—	—	14	3	No average
B.—Provided or used by Voluntary Organisations with which the County Council makes arrangements under Section 22.						
" Beacon Lodge," 35, Eastern Road, Finchley, N.2 ..	14	2	1	14	$5\frac{4}{7}$ (*a*)	$8\frac{1}{7}$ (*a*)

Total number of women admitted during the year to homes and hostels shown above (ignoring re-admissions to the same home after confinement)	357
Number of admissions for which the County Council was responsible	331
Number of cases sent by the County Council during the year to mother and baby homes other than those mentioned above:—	
Expectant mothers	267
Post-natal cases	26

(*a*) Relates to the 42 Middlesex cases only.

Table 31

Day Nurseries Provided by County Council as at 31st December, 1957

Area.	Number.	Number of approved places.	Number of children on the register at the end of the year.		Average daily attendance during the year.	
			Age.		Age.	
			Under 2 years.	2–5.	Under 2 years.	2–5.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	2	80	18	45	13·3	32·6
2	1	30	3	26	5·6	20·8
3	3	168	51	113	39·7	82·0
4	2	110	21	61	16·2	48·0
5	2	110	23	49	15·9	41·9
6	10	490	230	276	192·9	223·5
7	5	214	66	111	47·0	87·2
8	4	150	26	65	16·6	50·4
9	2	86	15	32	11·7	24·8
10	3	100	24	62	15·8	48·1
County	34	1,538	477	840	374·8	659·3

Table 32

Administration of Analgesics

Area.	Number of midwives in practice in the County at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board.			Number of sets of apparatus for the administration of inhalational analgesics in use at the end of the year by domiciliary midwives employed by the County Council.		Number of cases in which analgesics were administered by midwives in domiciliary practice during the year.		
	Domiciliary.	In institutions.	Total.	Gas and air.	Trilene.	Gas and air.	Trilene.	Pethidine.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1 ..	20	41	61	19	2	627	121	570
2 ..	12	7	19	12	3	319	43	313
3 ..	8	9	17	10	4	431	46	322
4 ..	12	46	58	13	3	385	27	332
5 ..	11	3	14	14	3	539	120	246
6 ..	9	59	68	11	1	588	32	262
7 ..	14*	21	35	9	3	537	190	349
8 ..	16	30	46	16	—	912	—	400
9 ..	11*	49	60	8	3	494	82	395
10 ..	17	15	32	18	3	847	186	475
County ..	127	280	407	130	25	5,679	847	3,664

* Including 3 midwives who practise in both areas 7 and 9.

Table 33

Midwifery

Area.	Number of midwives practising in the area of the Local Supervising Authority at 31st December, 1957, and the number of maternity cases in the County attended by midwives during the year.																											
	Midwives employed by the County Council.						Midwives employed by voluntary organisations, otherwise than under arrangements with the local health authority, including hospitals not transferred to the Minister under the National Health Service Act.						Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.						Midwives in private practice (including midwives employed in nursing homes).						Total.					
	Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
1	16 (1)	863	—	—	16 (1)	863	—	—	—	—	—	—	—	—	37	2,878	37	2,878	—	—	4	132	4	132	16 (1)	863	41	3,010	57 (1)	3,873
2	10 (1)	423	—	—	10 (1)	423	—	—	—	—	—	—	—	2	5	2	5	4	8	7	3	43	11	50	18 (1)	432	8	45	26 (1)	477
3	8 (1)	555	—	—	8 (1)	555	—	—	3	61	3	61	—	5	6	650	6	655	1	1	—	—	1	1	9 (1)	561	9	711	18 (1)	1,272
4	11 (1) [4]	492	—	—	11 (1) [4]	492	—	—	—	—	—	—	—	—	42	1,745	42	1,745	1	—	5	59	6	59	12 (1) [4]	492	47	1,804	59 (1) [4]	2,296
5	12 (1)	659	—	—	12 (1)	659	—	—	—	—	—	—	—	—	—	—	—	—	—	2	6	175	6	177	12 (1)	661	6	175	18 (1)	836
6	10 (1)	678	—	—	10 (1)	678	—	—	—	—	—	—	—	—	59	3,320	59	3,320	1	—	—	—	1	—	11 (1)	678	59	3,320	70 (1)	3,998
7	10 (1)	626	—	—	10 (1)	626	—	—	—	—	—	—	4*	178	17	1,292	21*	1,470	1	—	4	52	5	52	15 (1)*	804	21	1,344	36 (1)*	2,148
8	17 (1) [1]	1,017	—	—	17 (1) [1]	1,017	—	—	—	—	—	—	—	—	33	2,319	33	2,319	—	—	2	22	2	22	17 (1) [1]	1,017	35	2,341	52 (1) [1]	3,358
9	7 (1)	470	—	—	7 (1)	470	—	—	—	—	—	—	3*	155	49	2,969	52*	3,124	—	—	—	2	—	2	10 (1)*	625	49	2,971	59 (1)*	3,596
10	18 (1)	1,154	—	—	18 (1)	1,154	—	—	—	—	—	—	—	—	13	675	13	675	—	—	2	46	2	46	18 (1)	1,154	15	721	33 (1)	1,875
County ..	119 (10) [5]	6,937	—	—	119 (10) [5]	6,937	—	—	3	61	3	61	4	340	261	15,850	265	16,190	12	10	26	531	38	541	135 (10) [5]	7,287	290	16,442	425 (10) [5]	23,729

1. *Number of midwives.* 2. *Number of cases attended.*

The figures in parentheses ( ) show the number of non-medical supervisory staff. The figures in brackets [ ] relate to home nurse/midwives.

All figures in brackets and parentheses are included in main totals.

* 3 midwives employed by Queen Charlotte's Hospital practise in both Areas 7 and 9.

TABLE 34

HEALTH VISITING. (*See* note (*b*))

Area.	Number of health visitors employed at 31st December, 1957.		Equivalent of whole-time services devoted by health visitors included in column (3) to services provided under the National Health Service Act. (*a*)	Number of visits paid by health visitors shown in column (4) during 1957.								Number of families visited during 1957. (*c*)
				Expectant mothers.		Children under 1 year of age.		Children age 1 but under 2.	Children age 2 but under 5.	Other Classes.	All Classes.	
	Whole-time on health visiting.	Part-time on health visiting. (*a*)		First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits. (*c*)	Total visits. (*c*)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1 ..	—	16 (2)	12·0 (1·0)	583	808	2,745	10,114	4,506	7,651	1,465	24,544	8,510
2 ..	—	23 (1)	16·7 (0·9)	722	1,684	2,166	12,166	6,341	12,004	4,586	36,781	9,225
3 ..	2	26 (1)	22·8 (0·8)	1,781	2,850	3,759	14,568	7,191	11,952	5,499	42,060	11,011
4 ..	—	26 (1)	16·0 (0·6)	900	1,338	2,770	8,268	4,297	8,839	1,963	24,705	8,971
5 ..	—	23 (2)	19·7 (1·7)	1,409	1,898	2,845	10,989	5,807	12,627	1,000	32,321	11,246
6 ..	—	41 (2)	27·3 (1·1)	2,547	4,021	4,515	18,675	8,350	15,716	2,475	49,237	12,248
7 ..	—	26 (2)	22·1 (1·7)	1,223	1,799	3,579	16,229	8,303	15,665	3,004	45,000	12,145
8 ..	—	29 (1)	24·3 (0·9)	1,599	2,762	3,564	16,649	7,542	15,455	3,170	45,578	11,823
9 ..	—	24 (2)	19·4 (1·5)	1,376	2,542	2,903	16,360	7,873	18,977	2,193	47,945	9,105
10 ..	—	29 (2)	22·3 (1·6)	778	1,123	3,911	12,321	5,759	12,251	648	32,102	9,214
COUNTY ..	2	263 (16)	202·6 (11·8)	12,918	20,825	32,757	136,339	65,969	131,137	26,003	380,273	103,498

(*a*) Figures in parentheses relate to superintendents and deputy superintendents which are included in the total.
(*b*) This table excludes tuberculosis health visitors and their visits. (*See* Table 16.)
(*c*) This table excludes visits to families by the health visitor/school nurses whilst acting solely in their capacity as school nurses.

Table 35

Home Nursing

Areas.	Number of home nurses employed at 31st December, 1957.			Medical.		Surgical.		Infectious diseases.		Tuberculosis.		Maternal complications.		Others.		Totals.		Patients included in column (17) who were 65 or over at the time of the first visit during 1957.		Children included in column (17) who were under 5 at the time of the first visit during 1957.		Patients included in column (17) who have had more than 24 visits during 1957.	
	Whole-time on home nursing.	Part-time on home nursing.	Equivalent of whole-time to home nursing service.	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
1 ..	25	1 (1)	25·5	2,434	67,783	316	10,101	4	25	121	6,821	37	611	1	3	2,913	85,344	1,510	52,513	38	296	558	69,682
2 ..	24	6 (1)	26·7	2,501	73,723	129	4,615	4	51	63	3,258	39	335	—	—	2,736	81,982	1,698	60,360	68	445	802	69,338
3 ..	21	9 (1)	26·5	3,024	77,942	181	5,139	4	4	82	4,177	36	589	—	—	3,327	87,851	2,144	63,676	52	442	904	74,538
4 ..	18 (1)	14 (1)	26·2	3,314	83,096	352	10,098	—	—	91	4,827	—	—	1	201	3,758	98,222	2,131	62,413	83	967	814	78,944
5 ..	20	8 (1)	24·9	2,423	53,675	202	4,438	1	6	71	1,987	25	162	—	—	2,722	60,268	1,524	39,414	45	625	693	45,860
6 ..	34	8 (2)	39·2	5,412	128,181	735	20,364	11	70	214	7,783	38	361	—	—	6,410	156,759	2,868	103,858	196	1,236	1,506	121,468
7 ..	32 (1)	13 (1)	37·5	4,575	108,428	191	5,385	20	187	139	7,262	84	711	1	4	5,010	121,977	2,485	80,308	131	715	1,254	98,136
8 ..	24	6 (1)	26·4	2,581	67,186	349	10,496	51	764	158	6,056	26	328	5	18	3,170	84,848	1,546	45,080	96	488	940	62,612
9 ..	30	3 (1)	31·5	2,895	78,678	187	5,611	8	42	210	9,311	28	198	3	3	3,331	93,843	1,901	62,215	51	327	1,011	76,608
10 ..	30	3 (1)	31·7	3,217	86,080	150	3,854	2	3	187	9,220	45	595	1	33	3,602	99,785	1,963	63,830	75	822	1,053	80,216
County ..	258 (2)	71 (11)	296·1	32,376	824,772	2,792	80,101	105	1,152	1,336	60,702	358	3,890	12	262	36,979	970,879	19,770	633,667	835	6,363	9,535	777,402

a. Numbers of cases attended by home nurses during the year.

b. Numbers of visits paid by home nurses during the year.

The figures in parentheses relate to supervisors and are included in the total.

Table 36

Domestic Help

Area.	Number of home helps employed at 31st December, 1957.		Equivalent of whole-time services devoted by home helps in columns 2 and 3.	Number of cases in which domestic help was provided during 1957.				
	Whole-time.	Part-time.		Maternity (including expectant mothers).	Tuberculosis.	Chronic sick including aged and infirm.	Others.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	4	120	77·1	147	60	674	220	1,101
2	2	109	66·6	154	34	811	269	1,268
3	6	177	103·2	134	64	1,462	155	1,815
4	4	52	39·4	226	46	446	415	1,133
5	1	51	32·3	286	34	446	241	1,007
6	2	121	81·1	165	56	945	341	1,507
7	4	235	153·9	234	47	1,408	233	1,922
8	14	153	99·0	257	49	477	405	1,188
9	20	168	130·0	143	24	1,071	144	1,382
10	6	120	84·3	253	38	826	260	1,377
County	63	1,306	866·9	1,999	452	8,566	2,683	13,700

Mental Deficiency

Table 37

Ascertainment

Particulars of cases reported during 1957.	Males.	Females.	Total.
(*a*) Cases at 31st December ascertained to be defectives "subject to be dealt with":—			
Action taken on reports by:—			
(i) Local education authorities on children:—			
While at school or liable to attend school ..	29	37	66
On leaving special schools	34	24	58
On leaving ordinary schools..	—	1	1
(ii) By police or by courts	1	1	2
(iii) Other sources	31	34	65
(*b*) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	32	37	69
(*c*) Cases reported but not confirmed as defectives by 31st December and thus excluded from (*a*) or (*b*)	52	19	71
(*d*) Cases reported in which action was incomplete at 31st December, 1957, and are thus excluded from (*a*) or (*b*)	15	19	34
Total number of cases reported during the year..	194	172	366

Table 38

Disposal of Cases Reported During 1957

Disposal of cases.	Males.	Females.	Total.
(*a*) Of the cases ascertained to be defectives "subject to to dealt with":—			
(i) Placed under statutory supervision	74	79	153
(ii) Placed under guardianship	1	3	4
(iii) Taken to "places of safety"	—	—	—
(iv) Admitted to hospitals	14	14	28
(*b*) Of the cases not ascertained to be defectives "subject to be dealt with":—			
(i) Placed under voluntary supervision	11	4	15
(ii) Action unnecessary	21	31	52
(iii) Cases who removed from the area, or died before disposal was arranged	6	3	9
Total	127	134	261

Table 39

Particulars of Mental Defectives on Registers at 31st December, 1957

Mental Defectives.	Males.	Females.	Total.
(*a*) Number of ascertained mental defectives found to be "subject to be dealt with":—			
(i) Under statutory supervision:—			
Under 16 years of age	315	275	590
Age 16 years and over	706	669	1,375
(ii) Under guardianship:—			
Under 16 years of age	26	18	44
Age 16 years and over	120	92	212
(iii) In places of safety:—			
Under 16 years of age	—	—	—
Age 16 years and over	—	—	—
(iv) In hospitals:—			
Under 16 years of age	290	184	474
Age 16 years and over	1,208	1,103	2,311
(*b*) Number of cases not ascertained to be defectives "subject to be dealt with," under voluntary supervision:—			
Under 16 years of age	5	4	9
Age 16 years and over	230	224	454
Total	2,900	2,569	5,469

Table 40

Guardianship

Cases admitted to guardianship orders:—	
By petition or varying orders	17
By Order of the Court	—
Total	17
Cases transferred:—	
From one guardian to another	17
From guardianship to institution	17
Total	34
Cases discharged from guardianship orders:—	
By operation of law	14
By authority of the Board of Control	36
By parent's request (Sect. 3 order)	—
By authority of the Middlesex Visitors	—
Total	50
Leaves of absence granted	82
Orders reconsidered and confirmed	56
Cases transferred to Lunacy Act	—
Deaths	3

Table 41

Institutional Care, 1957

Cases admitted to hospitals	132*
Cases in hospitals on 31st December, 1957	2,785
Detention orders obtained (Section 6)	47
Cases detained by court order (Section 8)	5
Cases detained by Home Office order (Section 9)	2
Cases admitted under Section 3 orders	61
Cases admitted to approved homes	—
Cases admitted to places of safety	2
Cases discharged from orders	84
Cases discharged from approved homes	1
Cases discharged from places of safety	—
Cases discharged from Section 3 order	4
Cases transferred from one institution to another	23
Cases transferred from one place of safety to another	—
Cases discharged to Lunacy Acts	2
Holiday leaves of absence granted	265
Revision of detention orders (home conditions reports)	837
Cases on licence as at 31st December, 1957	43†
Deaths	40
Cases admitted to regional hospital board institutions under para. 4 Ministry of Health Circular 5/52	102
Cases admitted to private homes under para. 2 Ministry of Health Circular 5/52	14

* Includes 17 cases transferred from guardianship to institution. (*See* Table 40.)

† Excludes 39 cases from other authorities.

Table 42

Work of Mental Welfare Officers and Lady Supervision Officers

Lunacy and Mental Treatment Acts.	
Visits made by mental welfare officers (duly authorised) for all divisions	15,595
Admission to designated hospitals by mental welfare officers (duly authorised)	2,033
Number of patients certified under the Lunacy Acts	1,367
Admissions to mental hospital by mental welfare officers (duly authorised) under temporary certification	408
Admissions of voluntary patients to mental hospitals assisted by mental welfare officers (duly authorised)	1,592
Mental Deficiency Acts.	
Visits to defectives under County Council's community care:—	
(i) Statutory supervision	4,804
(ii) Voluntary supervision	1,033
(iii) Guardianship	570
(iv) Miscellaneous	1,096
Visits in connection with institutional cases:—	
(i) Leave and licence	576
(ii) Section 11	840
(iii) Miscellaneous	119
Visits to defectives on behalf of other local health authorities	30
	9,068

Ambulance Service

Table 43

Analysis of How Patients were Carried

By Directly Provided Services.

(i) Accident and emergency calls	49,221	
(ii) Other removals	660,404	
		709,625

By Supplementary Services.

(i) British Red Cross—Home Ambulance and Civilian Invalid Transport	3,757	
(ii) Hospital car service	42,201	
(iii) Railways	704	
(iv) Hired cars and coaches	—	
(v) Mental cases transported by mental welfare officers	2,668	
(vi) Other Ambulance Authorities	60	
		49,390
		759,015

Mileage Analysis.

(i) By County Service vehicles	3,271,840	
(ii) British Red Cross and other Ambulance Authorities	42,071	
(iii) Hospital car service	472,040	
(iv) Hired cars	—	
(v) Mental cases transported by Mental Welfare officers	73,506	
		3,859,457

Establishment of Driver-Attendants.

Approved establishment of driver-attendants on 1st January, 1957	565
Actual strength on 1st January, 1957	543
Deficiency of	22
Approved establishment of driver-attendants on 31st December, 1957	565
Actual strength on 31st December, 1957	537
Deficiency of	28

Follow-up of Registered Blind and Partially Sighted Persons

TABLE 44

	Cause of disability.				
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Myopia.	Others.
(i) Number of cases registered during the year in respect of which para. 7(*c*) of Forms B.D.8 recommends:—					
(*a*) No treatment ..	75	36	—	9	283
(*b*) Treatment (medical, surgical or optical) ..	83	42	—	7	84
(ii) Number of cases at (i) (*b*) above which on follow-up action:—					
(i) Have completed treatment ..	15	2	—	7	13
(ii) Treatment started, but not completed ..	1	34	—	—	50
(iii) Awaiting treatment	27	2	—	—	13
(iv) Refused treatment	37	3	—	—	5
(v) Died or removed from County ..	3	1	—	—	3

Ophthalmia Neonatorum

TABLE 45

(i) Total number of cases notified during the year	93
(ii) Number of cases in which:—	
(*a*) Vision lost	—
(*b*) Vision impaired	—
(*c*) Treatment continuing at end of year	2

MODIFICATIONS TO THE PROPOSALS (APPROVED BY THE MINISTER) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946

18th February, 1957.

PART II—SECTION C—MENTAL HEALTH.

Add (*h*) The County Council will, where appropriate, place mental defectives in hostels, whether provided directly with the approval of the Minister or through a voluntary society, without necessarily placing them under statutory supervision or guardianship under the Mental Deficiency Acts.

PUBLICATIONS BY MEMBERS OF THE STAFF.

THE EMOTIONAL SIGNIFICANCE OF WORK

by EUGENE HEIMLER

Psychiatric Social Worker, Middlesex County Council.

(*The following article was published in "The Medical Officer" in August*, 1957, *and I am indebted to the Editor for permission to reproduce it here. It well illustrates the complexities of many of the cases which are referred to a psychiatric social worker*).

In 1955 I reported* on 41 cases referred by the National Assistance Board in Hendon. All these referrals were long-term unemployment cases. Out of these, three after persuasion entered mental hospitals for treatment, six moved out of the Hendon area and little is known of them, and two have died. Of the 30 remaining, within three months 20 returned to work and are still working. My conclusions at that time were that co-operation between the Board and the Psychiatric Social Services of Local Health Authorities can help mentally ill and disturbed people who are drawing national assistance allowances to regain their position in society. I also mentioned that in this experiment some £1,600 was saved in 41 cases referred by one Board's office. Had the experiment been carried out on a national scale, i.e. had each Board office referred 40 cases, it is reasonable to assume that something like this amount could have been saved; this in a period of one year would represent a total saving of £600,000. Forty cases in one Board's office represents considerably less than 1 per cent. of the total load.

Since 1955 I have had the opportunity of working further with the National Assistance Board and also of extending the service to other fields. My particular interest was focussed on the emotional significance of work to various individuals.

The over-all number of referrals from 1st December, 1953, to 1st December, 1956, was 301. Out of these 82 cases were referred from the National Assistance Board, 94 from general practitioners and other medical specialists

and the rest from a variety of sources such as mental hospitals, psychiatric out-patient clinics, social workers (e.g. almoners, probation officers, welfare officers, etc.), while a few were self-referrals. Approximately half of the total number came under the category of " prevention," i.e., people who had never received treatment in a mental hospital and who had never consulted a psychiatrist.

All the cases referred by the National Assistance Board presented problems connected with work. It became clear, however, that work problems were often only the visible part of the iceberg. The cases referred from other sources, including those from general practitioners, did not at the outset present work difficulties as the outstanding problem, but on close inquiry it became evident that many of these people also in fact had problems connected with work. It was interesting to note that while the applicant to the National Assistance Board was seldom aware that he had other problems than work, the patient of the general practitioner seldom realised how important his dissatisfaction with work was in producing his symptoms. In both main groups of referrals one could detect one similar pattern; that important aspects of the individual's life were partially or totally cut off from consciousness.

Studying these cases, an interesting social problem seemed to emerge. Because of social conditioning, the applicant to the National Assistance Board was completely unaware that the Board's officer might be interested in him as a total person and not just in his role of a man in need of financial help. His father and grandfather looked upon the public assistance agency purely as a source of financial support. Personal questions he received with great suspicion, always expecting a trap. Equally the doctor's patient turned to the practitioner as a healer for his physical illnesses or discomfort and was quite unaccustomed to discuss with him in greater detail his work problems, finances and choice of his employment. The old family doctor took more interest in these aspects of his life than the busy general practitioner since the birth of the National Health Service. It was equally surprising to the patient that when he went to ask the doctor for a tonic the latter should go to the trouble of asking how things were at home and at work. That the National Assistance Board officer and the doctor should show such interest in his private affairs was often a new and puzzling experience.

Work problems fall into two not fully distinct groups. If a person is emotionally dissatisfied he may try to overcome this dissatisfaction by seeking external compensations. The many restless individuals of our age whom Margaret Mead describes as saying, " Why should I deserve to be left alone ?" constantly seek the crowded streets, pubs, &c., and do not really overcome their loneliness. This seeking for something, not knowing what, the fear of being alone, is one of modern man's greatest problems. And like those individuals who seek pleasures in the glittering night life of big cities and do not find enduring satisfaction are those who by constantly changing their jobs hope to find " the right one that suits " without ever being able to do so. This is because the solution of the problem is not to be found in the job alone. Dissatisfaction due to inner fears and anxieties is rationalised as being due to the nature of the employment, and satisfaction is vainly sought in a different job; but until the person gains an insight into some of his emotional problems he will not be able to settle down to any job for any length of time.

The other group, indeed a smaller one, includes those people who through circumstances beyond their control, have to do work that is not suited to them. They cannot utilise in their employment either their intellectual or emotional capacities. Their work problems are real, and their dissatisfaction with work and constant change of jobs do not necessarily indicate an emotional immaturity. These are the people who can often be helped by finding a job where they can utilise those emotional and intellectual faculties that have been repressed mainly by external causes.

It should be remembered, however, that there are many unskilled people who may not fall into either of these groups, and they change their employment not necessarily for emotional reasons or because the job is unsuited for them but because the employment was casual in nature.

Psychiatric social treatment of these cases therefore aims to help the individual to understand himself better through discussion in the first instance of his problems connected with work. It is advisible to let the patient pour out his problems regarding work without asking questions unconnected with his employment problems. He must feel that the psychiatric social worker wants to help him in what the patient feels is his main problem. It may be that on the first interview one receives little information about the patient's history. If his inability to stay in a job is determined by a deep-rooted emotional dissatisfaction of which he is unaware, then at this stage questions about other matters than his work problems would act as an unwanted brake in the therapeutic relationship reinforcing his defences. One patient may confess his inability to get on with his fellow workers and will indicate that this may be due to the fact that he is not wanted or liked by them. The psychiatric social worker at this point would refrain from suggesting that this inability to get on with workmates may also apply to people in his environment past and present unconnected with work. The opportunity of such interpretation may be forthcoming at a later stage when the patient's confidence in the psychiatric social worker is established, and when he himself will come forward with the evidence. It may then be of real value to point out that his problems do not entirely lie in work alone. It may require several interviews therefore with people who present work as their basic problem before a complete picture of patient's past and present emerges.

The aim of the treatment given by the psychiatric social worker in such cases is not to remove symptoms. This is the function of the psychotherapist. Symptoms may or may not disappear, but as far as the psychiatric social worker is concerned, this is not a relevant issue. His aim is to make the person function socially better, enable him to earn his living with or without his symptoms. A satisfactory job is often the best psychotherapist. It strengthens a man's self-confidence; by relieving financial pressure it often eases tension in his environment. Generally work has a healing effect and quite often enables the individual to grow emotionally.

As a result of the treatment given a great number of patients returned to work and at the same time felt happier, having eventually understood that the solution to their problems was not to be found in continual change of employment and sometimes not even in work at all. They may have become aware of marital difficulties and asked help later, when they were already working, in regard to these problems. The realisation thus came that they carried

within themselves emotional problems from a very early age, long before they started to work at all. It is true that the psychiatric social worker often did not give more than just this awareness and left the patient to live with his problems or advised him to seek skilled help from psychotherapists elsewhere. But the awareness itself and the insight thus gained often helped the patient to break the wrong pattern he followed.

To give two examples:

J. I., aged 40, on referral by a colleague who was just leaving the service presented as his main and only problem difficulties of keeping a job for any length of time. He was an unstable man with whom people at work found difficulty in getting on. He was well-intentioned and normally cheerful, and talked a great deal and very freely. When he was asked why he could not get on with his mates he said, " because the others were too silly." My colleague had helped him already a very great deal. Soon after she took on his case he found himself a job as a gardener, and kept it. When my colleague told him that she was leaving the country, he got so disappointed that he was just going to give his job up.

When I saw him the first time, he told me that he was a poet and that his great master was Robert Burns; also that " no one in the world took any interest " in his poetry. This was the trouble—that people he worked with found him too clever and stupid workmates could not stand this.

During subsequent interviews his story unfolded itself. He had had two periods in a mental hospital, occurring at a time when his wife and daughter were admitted to a sanatoria with T.B. of the lung. He was the father of two children, a girl then aged 12, and a boy of nine. I gathered that they were both showing signs of maladjustment.

He lost his mother at birth. His father, a bookmaker, did not give him much affection, but he admired him for his drive and ability, but felt that he was not above cheating. He wanted to be like his father, clever and ambitious, but not dishonest. He had a stormy childhood, was brought up by his grandmother and then by two stepmothers. The only person he remembered with warm affection was his second stepmother who understood him and who was " a woman of character." He had little schooling because he travelled around with his father and because he was often ill. His left eye was removed at the age of four, and he felt very conscious about this. He had many different jobs, as errand boy, pantry boy, kitchen porter, selling flowers on the streets, assistant cook on a railway dining car. Again he lost his job (in October, 1950) because his workmates objected to his peculiar behaviour. He had tried repeatedly to get back into this work which he liked, but without much success. Since then he had had great difficulties in sustaining employment, moving from job to job, sometimes being sacked, sometimes leaving of his own accord. He soon told me how much marriage had disappointed him. He complained that his wife had an aversion to sex, and there had been little in the way of sex relations between them for some time. There was constant friction in the home, and the wife tended to seek the advice of neighbours and called in the police after patient hit her.

I saw him regularly and we discussed his poetry. He had a grudge against his wife because she did not appreciate how important poetry writing was to him. She considered it the sign of mental illness, and in his anger he bitterly

complained that in that case Shakespeare and Burns also must have been mad. I saw his poems; they showed great emotion but technically on the whole they were primitive. I had no doubt, however, that he was gifted. Once I accepted him as a poet, his attitude at work and towards employment changed. There were fewer quarrels at work, and he has kept working in the same job, completing now his second year. During the weekends he also did gardening work for private households in the area where he lived. We then discussed more and more his family problems. He was worried about his wife and his marriage, about his daughter who made some excellent drawings but got into bad company and stayed out late at night. He also mentioned that his wife had an illegitimate son before he married her, and he felt very ashamed about this. He invited me to come to his home and meet his family. The wife was a quiet, sensible person who had made good recovery from her illness. She was still under the Chest Clinic and made an excellent contact with the Welfare Officer. The daughter by now, aged 15, had just left school, and worked in a shop, and disliked it immensely. Both the patient and his wife were very worried about her because of the bad company she was mixing with. I discussed with her some reasons for her unhappiness. She told me about the tension between mother and father and that " this place where I live is not my home." She showed to me her drawings which seemed to reveal real talent, and I found that like her father she was told by various people, including her mother that " working girls have to do some *real* work and not to dream about art." I made arrangements through the Education Authorities for her to attend an Art School, and also managed to get her a maintenance grant. This in turn drew father and daughter nearer to each other " they both being artists," and the financial grant indicated to the mother that to be an artist is not necessarily " rubbish." In time these arrangements had an all-round calming effect on the family, and by now I concentrated on the patient's wife who in time also accepted me as a friend. She by now was not quite certain whether she was right in nagging her husband about his poetry writing, and on one occasion she described her feelings saying " these poems I used to consider illegitimate." Only at a much later stage did I point out to her that she must have felt very guilty about her own illegitimate son, and was only too glad to find that her husband also " being a working man " had something " illegitimate." She recognised this and smiled; became more tolerant towards patient's poetry, but admitted that art was something she could not fully appreciate.

This case perhaps will illustrate how a person, who both in his private and social life has great difficulties, presented at first work as his main problem. Soon, however, a most complicated and involved emotional and family situation became manifest. The visible part of the iceberg was, however, the beginning of my exploration. As I dived under the water I found a much larger part beneath. When he learned something about this part, when he invited me to sort out some of the problems in his home, when he recognised that his difficulties in getting on with people occurred not only at work but from early childhood, the insight thus gained helped him to overcome some of his anxieties, and enabled him to work.

A study of these 301 cases often shows that at the onset of sudden unemployment a man may lose his interest in sex. During this period he is in a state of anxiety having nightmares and difficulties in sleeping. If he continues to be

unemployed over a long period, however, his sexual interest increases considerably. Wives are often unable to adjust themselves to these strange swings of feelings, and in their refusal, the patient sees further evidence that he is unwanted. Having no outlet at all, in time a complete apathy establishes itself, and in this state he becomes " work-shy." To tell him that he is no good or that he should pull himself together would be of no help to him. Only by patience and understanding, by interpretation of the emotional significance of this apathy and by sympathy can the patient be helped to enter employment once more.

After reading in the local paper about some aspects of our work, a young woman of 27 came to see me. She said that her husband, aged 29, suddenly became unemployed for reasons beyond his control. This unemployment was complicated by 'flu, and when he recovered, for several weeks he was unsuccessful in finding a job. As he was in a low state after his 'flu when he eventually found one, he very soon had to give it up. He then became very depressed and one evening in a furious temper accused his wife of being responsible " for all this." He also said that she did not love him, that he was going to pack up and find someone else.

When I saw her the first time she told me that they had been married for two years and that the marriage until this incident was a very happy one. She was just at a loss to know what to do.

When her husband agreed to see me it soon became clear to both of us that in this low state after losing his job and having got the 'flu, he felt somewhat lost, like a child, and he actually remembered a few instances how awkward he felt as a small boy when he wanted to do things and could not do them alone. But his mother was there always to help him. I remarked that perhaps he expected his wife to help him with another job, and as she obviously could not he felt that she had let him down. He was puzzled by " the logic of things." He said that it was not logical to expect that his wife was to blame, but at the same time, it seemed to ring true. There was one more interview with the wife and husband together, when he more or less told her that he had to blame someone for his own failure, and the wife understood that she was being used as a scapegoat and that her husband still loved her.

The study of these 301 cases seems to indicate that there is a need for a widespread understanding of such people and their problems. All those who deal with employment problems need some ability to recognise those individuals who are emotionally disturbed as a result of unemployment, or who are unemployed as a result of emotional disturbance. Officials of the National Assistance Board and the Ministry of Labour should be able to select likely cases to refer for more specialised attention. This selection may call for some training. Doctors need to be aware of the emotional factors in patients who continually ask for medical certificates. Such recognition would produce a demand for help from far greater numbers than is at present realised. I personally believe that everybody dealing with people in this category should have some guidance in inter-personal relationships, and especially in recognition and appreciation of their own emotional responses to their clients.

It would seem that the inclusion of psychiatrically trained personnel on the Advisory Committees of the National Assistance Board would be helpful. It also seems that a group of general practitioners working in the same area may be able to benefit by the services of such specialists.

I am greatly indebted to Dr. A. C. T. Perkins, County Medical Officer of Health, for his encouragement, to Dr. G. Wigley, Deputy County Medical Officer of Health, for his advice, support and criticism. My thanks are also extended to Mrs. Elizabeth Irvine of the Tavistock Clinic for her constant help, to Mr. R. Bradfield and Mr. E. J. Hilton, Area Officers of the National Assistance Board, Hendon, and to Dr. Neville Davis without whose co-operation I would not have been able to carry out my present study.

(The opinions expressed in this article are personal, and do not necessarily express the views of the Middlesex County Council).

* Heimler, E.: " Psychiatric Social Work with National Assistance Board Cases." THE MEDICAL OFFICER (16th December, 1955).

COMMON BEHAVIOUR PROBLEMS IN INFANCY AND THEIR MANAGEMENT

The following is a precis of an article by Dr. H. E. Polak, Senior Assistant Medical Officer, Area No. 8, which appeared in the Medical Officer for 14th June, 1957.

All infants are individuals. Their physical growth follows an individual pattern which is largely determined by inheritance and to a less extent by environmental factors. All infants need help for their physical growth, understanding and encouragement for the development of their intellect, love and security for their emotional needs. If all these are fulfilled then the baby will be happy, will thrive and exhibit normal behaviour. Of course the management of infants usually falls short of this ideal but the vast majority will adapt themselves to some short-coming. Others however who have not got this adaptability will show abnormal behaviour which, if persistent, becomes a behaviour problem.

The well-being and happiness of the infant will depend on the efficiency of the care and handling by the mother, and she for her part, depends on information derived from a host of sources including her relatives, her medical attendant, health visitors, clinic doctor, the midwife and hospital staff. In order to achieve optimum physical growth and physical health a host of rules and regulations have been laid down and widely propagated. These have tended to be credited with far too great authority and to be much too rigidly applied. All babies are not trainable in the same way, as their individual requirements and level of development at a given stage are different. To try and enforce preconceived ideas will lead in many instances to a breakdown of the baby and to unhappiness and increased anxiety of the mother. This in its turn will aggravate abnormal behaviour and will lead to behaviour problems. It is probable that in the majority of cases of maladjusted children one could trace their maladjustment to mismanagement in infancy and it should therefore be preventable. It follows that the best person to deal with behaviour problems in infancy is the clinic doctor, who works within the Maternity and Child Welfare Service.

The purpose of Dr. Polak's paper is to show how behaviour problems present themselves in the everyday practice of welfare clinics and gives suggestions for their management. For this purpose he has reviewed the histories of

all babies born in the years 1954 and 1955 attending two welfare centres of which he is in charge, together with a few examples taken from infants born in 1953. Altogether there are 578 infants under the age of 2 years in this series, of whom 109 presented behaviour problems in one form or another. The underlying cause for abnormal behaviour may be either physical illness or maladjustment. In this series all cases have been carefully selected and no infant was included whose behaviour abnormality could be explained by reason of illness, malnutrition or other physical reasons.

An infant's life centres round the primitive functions of the body, feeding, crying, sleeping and evacuation. Accordingly the various behaviour problems can be conveniently classified under the following headings:

(1) Mainly concerning the Neo-Natal period—excessive crying.

(2) Mainly concerning the weaning period—weaning difficulties.

(3) Mainly concerning the early toddler period—sleeping difficulties and training difficulties.

Dr. Polak then quoted a number of illustrative cases under each of these headings. These cases plainly showed that behaviour disturbances are mainly due to:—

(1) Too rigid rules governing growth, development, food requirements and method of feeding in infancy and the inability of some infants or mothers to comply with these rules.

(2) Anxiety and nervous tension on the part of the mother which is transmitted to the baby.

Discussing these cases Dr. Polak remarks that although it is difficult to prove what role behaviour disturbances in infancy play in later childhood and later life, it can safely be assumed that they are important and that they should therefore be taken seriously. If they are taken seriously one should try to prevent them and their prevention and management should be one of the tasks of the Maternity and Child Welfare Service. If we want to enlarge the scope of the Maternity and Child Welfare Service to include the fostering of mental health and the prevention of maladjustment in childhood a certain review of existing methods is necessary.

(1) The schematic approach to growth and development must be changed. The teaching of what is " normal " and what is " abnormal " is far too rigid. The article attempts to show how the mother's anxiety is often due to erroneous ideas of " abnormality."

(2) More stress should be laid on the management of the mother. Her mental approach is of utmost importance. Psychiatric approach seems necessary in some cases and the services of a psychiatrist should be available in selective cases, but it is important to teach the clinic doctors some basic ideas of psychiatry so that they themselves may try to manage some of the more difficult cases, only asking a psychiatrist for his expert advice when necessary.

The cases of failure of management and subsequent behaviour difficulties demonstrated in this paper illustrate the need for such an expansion of the service, but Dr. Polak believes that all these measures will achieve little if there is no change in the method of teaching both the medical and nursing profession.